DOCUMENT RESUME

ED 174 890 CG 013 681

AUTHOR	Faegre, Christopher L.; And Others
TITLE	Justice-Treatment Interface: A Cross-Discipline Training Course.
INSTITUTION	National Drug Abuse Center for Training and Resource Development, Gaithersburg, Md.
SPONS AGENCY	National Inst. on Drug Abuse (DHEW/PHS), Rockville, Md. Div. of Resource Development.
REPORT NO	NDACTRD-79-161P
PUB DATE	Nov 78
CONTRACT	271-75-4018; 271-78-4600
NOTE	106p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Correctional Rehabilitation; Counseling Programs; *Counselors; *Drug Abuse; Drug Education; *Interagency Cooperation; *Interdisciplinary Approach; Probation Officers; Program Descriptions; *Rehabilitation Programs

ABSTRACT

This manual is designed to assist those helping professionals who work with drug abusing offenders, either as counselors or mental health aides from drug abuse treatment systems or probation officers or jailers from the criminal justice system. This course first provides a conceptual framework or "Perspectives" on the subject area in Unit I, followed in Unit II by didactic presentations and experimental labs in which participants master the generic "Processes" used in screening, assessing, treating, and rehabilitation abusing offenders. Unit III explores various "Applications" of the course content to specific program areas such as Treatment Alternatives to Street Crime (TASC), institutional programs, and re-entry programs. A set of pre- and post-tests developed around content material, attitudinal impact, and behavioral intentions is also provided. (Author/HLM)

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JUSTICE-TREATMENT INTERFACE

A CROSS-DISCIPLINE TRAINING COURSE

Unit I: Perspectives

by

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CG013681

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

This manual was printed for the National Institute on Drug Abuse, Division of Resource Development, Manpower and Training Branch by the National Drug Abuse Center for Training and Resource Development under NIDA contract number 271-78-4600 to Health Control Systems, Inc., Dr. J. Thomas Russell, Director, 1370 Piccard Drive, 2nd Floor, Rockville, Maryland 20850. Justice-Treatment Interface: A Cross Discipline Training Course was developed by the National Drug Abuse Center for Training and Resource Development, operated by System Development Corporation pursuant to Contract Number 271-75-4018 with the Manpower and Training Branch, Division of Resource Development, National Institute on Drug Abuse, 5600 Fisher's Lane, Rockville, MD 20852.

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Publication No. (NDACTRD) 79-161P
Printed November 1978

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Acknowledgement

You wouldn't believe the stories of cooperation and "instant effort" behind this course. In the beginning, staff from several Federal agencies assisted in the overall design; during the writing period, authors responded to impossible deadlines; in the pilot-testing phase, state and local agencies graciously contributed staff time and facilities on short notice; and during the editing and refinement phases, reviewers, trainers, editors, and production personnel worked long hours to get the bugs out. This kind of response, from literally dozens and dozens of people inside and outside of NIDA's National Training System, makes the course manager's role a reward instead of a punishment. I'm proud of the product--but even prouder of the people who produced it.

Chris Faegre

Chris Faegre

A LETTER TO PARTICIPANTS
From the Justice-Treatment Interface trainer

Thanks for agreeing to participate in the Justice-Treatment Interface Course. This letter provides information about the course, the kinds of people who will attend as trainees, and the kinds of things you will learn.

ABOUT THE COURSE: It's three days long; much of the work is done in small groups; there are several resource papers to read and one committee exercise to be done in the late afternoon or evening. There are pre- and post-tests (used by the National Drug Abuse Center for educational research), but no grades or ratings. The course is valued at 2 credits (upper division) by the American Council on Education (ACE); most colleges and universities accept ACE-rated courses.

ABOUT THE TRAINERS: Twenty or more people will be participating. Roughly half will come from the criminal justice system and half from the drug abuse treatment system. Most of them will be line workers at the client-contact level. (Counselors, probation officers, jailers, and mental health aides are some of the job titles.) Occasionally a supervisory person or a training coordinator will take the course to become familiar with the training process.

ABOUT THE TRAINERS: Except in very rare cases, the trainers will be people with little knowledge of your immediate community, its treatment programs and incarceration facilities, or its history and unique practices. On the other hand they will know a good deal about treatment problems and criminal justice issues generally. They will also be good at helping groups to work effectively together so that each person benefits from the course.

WHAT WILL YOU LEARN?: You will learn some concepts and skills from the course work and readings (mostly how to assess, process, and monitor drug abusing offenders). You will also learn from the other trainees (mostly how various parts of the two systems work and how relationships between the two systems can be improved). Each trainee is considered a valuable resource person who knows as much about his part of the system as anyone else, and probably more.

WHY IS THE COURSE BEING TAUGHT?: Historically the criminal justice and drug treatment systems have not understood each other or worked very well together. As a result, the medical and mental health problems of drug abusing

offenders were often ignored. The course is one part of a general, nationwide effort to improve the relationship between the two systems.

TAKING THE PRE-TEST: Each of the courses published by the National Drug Abuse Center is accompanied by pre- and post-test materials. The primary purpose of these tests is to help course developers discover weaknesses in the training materials and to find out whether or not the course is conveying the desired information. Trainees may review their pre- and post-test scores at the end of the course if they wish. The test scores *are not* used by trainers to rate or grade trainees. Before you start reading the resource papers, please take the pre-test. It will only take 20 minutes or so to complete. Then you may go on to the readings.

YOUR READING ASSIGNMENT: Please read over the short course description attached to this letter. Then read the three papers on pages 5, 21, and 51. Finally, review in your mind (or talk over with co-workers) what you know about the following:

- The present methods of getting offenders into treatment in your area
- The history of drug treatment programs in your community
- The history of legislative actions to control drugs in your area
- How the two systems (corrections and treatment) differ or express conflicting values

During the first day, trainees will be discussing the foregoing issues. Be prepared to express yourself on these kinds of questions.

The other trainers join me in welcoming you to the training activity and look forward to meeting you.

Sincerely,

_____

Lead trainer

STOP!

Have you taken the Pre-Test?

IF NOT, PLEASE DO SO.

The National Drug Abuse Center Course Development Team needs to know how mucn (or little) you know about this subject BEFORE you start to read the resource papers in this packet, so please take the pre-test now.

INTRODUCTION

Large numbers of abuser-offenders receive little or no help with their drug use and/or addiction problems while incarcerated in the jails and prisons of the United States.

In its "White Paper on Drug Abuse" the President's Domestic Council Drug Abuse Task Force recommended the formation of a permanent working group "to expand the interface between the criminal justice and the drug treatment systems."

On April 26th, 1976, in his special message on drug abuse, President Ford reaffirmed the need for the secretary of HEW and the attorney general to "work together to develop plans for improving the coordination between the drug abuse treatment system and the criminal justice system." Since that time, the Subcommittee on Criminal Justice of the Cabinet Committee on Drug Abuse has urged the preparation of a curriculum package for criminal justice training in order to more effectively prepare drug abuse and correctional manpower to serve the needs of offenders.

The Manpower and Training Branch of NIDA's Division of Resource Development has assessed the need for such a course and made the development of this package a priority. This product constitutes an initial step toward meeting the general need expressed by the subcommittee and the Manpower and Training Branch.

This set of correlated training materials is designed for drug abuse treatment workers who must work with the criminal justice system or work within a correctional setting; for criminal justice workers who must work with treatment programs; and for policy-makers who require an orientation to this issue.

The criminal justice and drug abuse treatment systems are quite complex. Their procedures and activities vary greatly from jurisdiction to jurisdiction and from program to program within systems. The course training materials use generic and abstract terms; it is left up to the trainees to introduce the specific terms used in their communities. For example, the generic term "court" might carry the meaning of a magistrate, a trial judge, a court-employed pre-trial investigation worker, or a court-employed pre-sentence investigator, depending on local usage. The course also stays entirely within the realm of the adult offender, thus avoiding the introduction of the myriad complexities which surround juvenile court and juvenile detention and treatment facilities.

The major delivery channel for training materials dissemination employed by NIDA is the National Training System (NTS). Typically the National Drug Abuse Center prepares courses and then trains personnel from the five NTS Regional Support Centers (RSCs) to go into the field to teach them. RSC staff, in turn, teach state personnel to be instructors in the more populous states. RSC staff also deliver training directly to drug abuse workers when requested to do so by the less populous states.

Staff of NDAC have contacted many State Training Support Program (STSP) coordinators to identify the needs of the various states for a program of this sort. Early responses indicate that the course ought to be --

- composed of "building block" segments that can be used for one-or-two day programs for some groups, or assembled into a longer sequence (3-5 days) when necessary;

- directed toward line workers in the criminal justice and treatment systems who are responsible for assessment, screening, treatment, counseling, monitoring, tracking, and rehabilitation functions;

- suitable for delivery to persons from the drug abuse treatment system who "go inside" the criminal justice system to deliver services to abuser-offenders, as well as to employees of the criminal justice and corrections system who provide treatment services to abuser-offenders.

As with other NDAC prepared courses, this course first provides a conceptual framework or PERSPECTIVE on the subject area (Unit I). This is followed by didactic presentations and experimental labs in which participants master the generic PROCESSES used in screening, assessing, treating, and rehabilitating abusing offenders (Unit II). The course then explores various APPLICATIONS of the course content to specific program areas, e.g., Treatment Alternatives to Street Crime (TASC), institutional programs, re-entry programs, etc. (Unit III). This helps the student to bring both his understanding of the subject matter and his skill with generic processes to bear upon the performance of needed services in his particular work setting.

Considering these three basic units one by one, the following outlines of content emerged during the course development phase:

Unit I. PERSPECTIVES

Module 1: Orientation

Module 2: People with Problems and Community Responses

Module 3: The Criminal Justice System and the Drug Abuse Treatment System

Module 4: The Interface Between the Two Systems

Unit II. PROCESSES

Module 5: Screening, Assessment, and Development of a Recommendation

Module 6: Contracting, Adjudication, and Referral

Module 7: Monitoring and Re-entry

Unit III. APPLICATIONS

Module 8: Community-Based and Institutional Treatment Models

Module 9: "The Game": A Structured Learning Experience

Module 10: Planning for Interface

The course is to be evaluated according to the NDAC "Procedures for Evaluating Training Activities and Materials" (PETAM). A set of pre- and post-tests has been developed around content material, attitudinal impact and behavioral intentions. These will be used to describe and measure training outcomes in general but are not specifically designed for rating students on their personal accomplishments.

This booklet has been sent to you in advance to permit preliminary study of the resource papers for Unit I (Perspectives). Upon arrival at the training site, each trainee will receive a Trainee's Workbook for the entire course and a volume of Resource Papers to be read in conjunction with Unit II (Procedures) and Unit III (Applications).

This course contains a fairly large number of readings, all of which are pertinent and have high utility for the trainees. Several of them have been printed on beige (light tan) paper to indicate a special priority. If time constraints become severe, the trainee should concentrate on the "color coded readings." When this occurs, the trainer and trainees should agree on a plan whereby the "plain paper readings" are apportioned among the group. In this way, each small group session will have at least a few persons who have read the various "plain paper readings."

GLOSSARY

Following are definitions of specialized words used in this course.

ADJUDICATION:	The process of judging an accused offender. In this course, used to refer to the entire process of trying, convicting, and sentencing.
ADVOCACY:	A role taken by agency personnel in supporting the interests of a client, even to the extent of supporting him in an adversary proceeding.
"ALTERNATIVES" PROGRAMS:	In this course, prevention programs that are designed to provide "alternatives" to drug abuse through individual or group activities that are interesting, stimulating, compelling.
ASSESSMENT INTERVIEW:	The process of interviewing offender/clients and reviewing their records to determine their readiness for treatment and potential for utilizing diversion programs. This also includes the diagnostic process during which the appropriate treatment and resources are determined.
CENTRAL INTAKE:	A service agency that receives clients from outreach programs, police referrals, and other initial contacts, and provides comprehensive assessment, diagnostic, and referral services only. The typical central intake refers clients in need of treatment to one or more of a variety of services and programs. The programs often use central intake services as a clearinghouse for incoming clients.
CLIENT/OFFENDER:	An arrested, detained, or convicted person who receives services from a probation agency or a treatment program.
COERCIVE MOTIVATION:	Motivation based on coersion, or use of threat or force. For example, a client may be motivated to go into treatment and perform well based on a real or imagined threat of being remanded to jail or prison.

COMMUNITY ADJUSTMENT:	The situation in which an ex-offender has returned to the community and become socially involved and economically self-sustaining. It does not imply any specific form of "normal" behavior or status, but simply that the offender is no longer a burden to society and is not injuring himself.
COMMUNITY-BASED:	Treatment or other related services provided to client/offenders in a noninstitutional program. Community-based treatment is often provided in an open setting, usually on a voluntary basis as an alternative to jail.
CONFIDENTIALITY REGULATIONS:	Narrowly defined, this term refers to the federal Confidentiality Regulations that govern the release of drug abuse client information. See Federal Register. Part IV, Volume 40, Number 127, July 1, 1975.
CONTRACTING:	The development of a written agreement between an offender and a worker that defines treatment goals, services to be rendered, and expectations placed upon the client. In the initial phases of assessment interviewing, the contract may be an oral agreement; in later phases of referral and treatment, the contract is usually written.
COPING SKILLS:	A repertory of abilities and behaviors that allow a person to manage his life in modern society. Well-developed coping skills contribute to a person's competence and independence.
CRISIS:	An episode or precipitating series of events that result in an intervention; the intervention may be an arrest for criminal behavior or an outreach or emergency room contact resulting from drug abusing behaviors.
DETOXIFICATION:	A careful procedure in which a client's addiction or dependence on a drug is slowly reduced and finally eliminated or a substitute drug is provided. Detoxification is usually carried out under medical supervision by trained staff members and always requires close observation and supportive therapies.

DIVERSION: This term is used to describe referral arrangements and alternative sentencing that have the effect of permitting the offender to avoid incarceration while remaining under the control and supervision of the court. Persons in diversion programs remain under the jurisdiction of the criminal justice system, but are considered both an offender and a treatment program client.

INCARCERATION: Usually simple imprisonment in a penal institution. Two alternative forms are: work release (client leaves jail or prison for employment; returns to penal facility to sleep and on weekends); half- and quarter-way houses (tightly controlled live-in facilities in the community; offender/client attends school or goes to work by day).

INFUSION: In this course, the term refers to the process or practice of using treatment skills from the human resource field and health service community in institutions of incarceration where client offenders are treated in institution-based programs.

INTERAGENCY AGREEMENTS: These are binding written agreements between agencies (often probation agencies and treatment agencies) that describe and govern the placement of client offenders in treatment agencies. They usually describe the nature of the relationship between agencies in considerable detail. Such agreements are used to clarify and define procedures, activities, roles, and responsibilities of each agency with respect to other. In some cases the fees to be charged, the numbers of treatment slots available, and other matters will also be described.

INSTITUTION-BASED TREATMENT: Drug abuse treatment offered within correctional institutions, instead of in community-based programs.

INTERFACE: The common boundary between two systems. The interface between the drug abuse treatment and the criminal justice system is typified by a common client who is being served by both systems.

INTERVENTION:	Breaking into a client's pattern of problem behaviors or counter-productive life style to affect change. "Arrest" is usually the Criminal Justice System's intervention; "Outreach" contact with drug abuser is usually the Drug Treatment system's intervention.
INTERVIEWING:	The initial stage of the diversion or referral process in which the offender/client's readiness for treatment, his degree of involvement with drugs, and his personal and community resources are explored by an assessment interviewer.
MODALITY:	A way of organizing services of drug abuse treatment. For example, a therapeutic community is a treatment modality that combines several different approaches to treatment within the framework of a residential treatment center.
MONITORING:	The function of conducting periodic checks of a client's progress in treatment and/or adjustment in the community. In this course monitoring usually refers to a process whereby the referral agency or probation officer obtains regular feedback from the treatment program concerning a client/offender for regular reports to the criminal justice system.
MULTI-MODALITY:	A system for the delivery of drug abuse treatment services that encompasses many different modalities. Such a program attempts to match the client to the most appropriate modality (or modalities) through the use of fairly sophisticated intake, assessment, and referral procedures.
OUTREACH:	Methods of bringing clients to treatment who do not come on their own.
PLEA BARGAINING:	The process by which a defendant pleads guilty to a lesser offense to avoid being tried for a more serious offense and risking the longer sentence. The prosecutor and judge accept this plea in order to avoid the time-consuming and costly trial process.

PRIVACY REGULATIONS:	Federal regulations governing criminal justice information systems that delineate types of information that the criminal justice system can release, and list the agencies and third parties to which information can be routinely released.
RECIDIVISM:	The habitual or chronic relapse or tendency to relapse into crime or anti-social behavior. The committment of a criminal act by someone who has already passed through the criminal justice system.
RECOMMENDATION:	A referral arrangement or treatment plan, formulated after an assessment interview and review of client/offender records, and designed to assist the court or the prosecutor to reach a disposition of the case. The recommendation may be prepared immediately after booking, or during the pre-trial phase, or as part of the pre-sentence investigation.
RE-ENTRY:	A process that is designed to ease the return to society of clients from either the criminal justice or drug abuse treatment systems.
REFERRAL:	An inter-agency contact to obtain additional services for a client or to pass a client along to another agency. A strong referral relationship assures that the client will not "fall between the cracks." Casual "referrals", which depend for their execution on the client's motivation to receive the service, are to be avoided.
REFERRAL AGENCY:	An agency that screens clients referred to it by criminal justice organizations and makes appropriate referrals to treatment programs. A referral agency can be a large agency in a city or a single probation officer in a smaller community. It monitors the client's progress and serves as an information link to the criminal justice system.
REHABILITATION:	Any of a broad range of services designed to enhance the client's ability to cope, socially, emotionally, and economically, in modern society. (See also RE-ENTRY)
TRACKING:	Keep tabs on the activities, whereabouts, and progress of a particular client or clients, usually for evaluation after the client has left treatment.

UNIT I

PERSPECTIVES

MODULE 1

ORIENTATION

There are no resource papers for Module 1.

MODULE 2

PEOPLE WITH PROBLEMS AND COMMUNITY RESPONSES

AN APPROACH TO UNDERSTANDING AND WORKING WITH DRUG ABUSING OFFENDERS

by

Harvey A. Friedman

Harvey A. Friedman worked as a special consultant to NDAC in the development of the *Justice-Treatment Interface Course* and is a vice-president of IDEA, Inc.

AN APPROACH TO UNDERSTANDING AND WORKING WITH DRUG ABUSING OFFENDERS

INTRODUCTION

Within the past decade, both the drug abusing and criminal populations of this country have grown enormously. As a result, drug abuse treatment programs and corrections, parole, and probation efforts have proliferated. During this same period, we have also become increasingly aware of the fact that clients of one system are often clients of the other: individuals with histories of drug abuse are frequently found in correctional institutions, in the courts, and on parole and probation caseloads; similarly, individuals with histories of criminal justice involvement are found among clients of drug abuse treatment programs.

We have two systems that often deal with the same individual, yet each has its own mission, its own way of looking at "clients," and its own methodology.

Very often these two groups, the criminal justice "system" and the drug abuse treatment "system," attempt to collaborate regarding mutual clients. These attempts are often stymied for a variety of reasons. One of these is that the two systems approach the same client from different points of view and with different purposes in mind. Furthermore, communication between the two systems is complicated because workers in each system have different terminology, theories, and perceptions of their roles and their clients' lives.

This paper presents an approach to drug abusing offenders that the author believes is useful for conceptualizing the dynamics of both drug-abuse and criminal behavior. This approach will permit practitioners in both areas to discuss their clients using the same frame of reference and language.

The paper is organized into two major sections:

- The human needs, coping skills, and pain/crisis model
- The roles of the criminal justice and drug abuse treatment systems in relation to common clients

THE HUMAN NEEDS, COPING SKILLS, AND PAIN/CRISIS MODEL

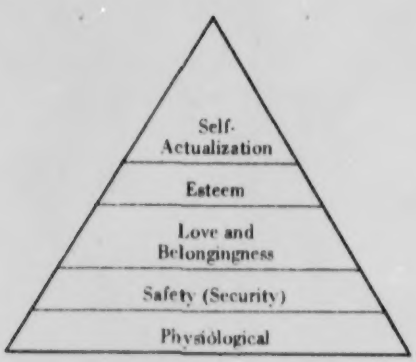
This model postulates a cause-and-effect relationship between unmet human needs and certain types of self-destructive behavior. The major assumptions of this model are that-

- all people have basic human needs;
- all people develop coping skills or behavior designed to meet these needs;
- pain is produced when one's coping skills do not work to satisfy basic human needs; sometimes this pain reaches crisis proportions;
- some coping skills are low-risk, while others are high-risk or socially disapproved and meet basic needs only by placing the person and/or society in some jeopardy;
- there are three basic ways to handle the pain or crisis arising from unmet needs:
  - Creative problem solving
  - Acting out
  - Neurotic stability

BASIC HUMAN NEEDS

All human beings have needs. Different writers and thinkers have delineated different lists of human needs. This paper will discuss two such lists as examples of thinking in this area.

Abraham Maslow (1970), a renowned psychologist, points to a hierarchy of needs: in his thinking, some needs are more "basic" than others and demand satisfaction before others can be attended to. The hierarchy is presented in the illustration below.



Maslow asserts that the ability to move upward along this ladder of needs is dependent upon fulfilling, in turn, each of the needs at the lower levels.

The lowest level in the hierarchy consists of physiological and survival needs --such as food, shelter, clothing, and sex. These needs must be adequately satisfied before second-level needs can be attended to.

The second level -- safety -- relates to the need to feel protected and secure. It is not enough to have food and shelter; when those are acquired there is a new need to maintain the sense of security that fulfillment of the more basic needs provides; in other words, once the most basic needs are fulfilled, there is a need to *continue* to have them fulfilled.

Only after these first two levels of needs have been met can the need be met to form inter-personal relationships that will provide a sense of belonging and love.

Once a person feels secure in his close relationships, he will next need to gain special status, to excel in the eyes of others and to feel useful and necessary. Fulfillment of esteem needs relies to a great extent upon the ability of others to respond to one's effort to excel, but it also involves self-respect. Achieving satisfaction of this need is usually quite difficult. Maslow points out that *deserved* respect, rather than fame, is a crucial factor in the extent to which one feels this need is satisfied.

At the next level--self-actualization--one becomes concerned with personal growth, new experiences, creative endeavors, and heightened levels of awareness. Maslow describes it as feeling at peace with oneself. Self-actualization also includes searching for freedom and autonomy, taking risks, and exploring new and unknown territory.

Psychiatrist Thomas Rusk (1975), conceptualizes human needs in terms somewhat different from Maslow's. Although he does not believe in a hierarchy of needs, he does identify some of the needs that Maslow describes. Rusk is concerned with four needs that he considers to be of primary importance for human beings in our society:

- *Security/Control*

  This is quite similar to Maslow's safety need; it concerns being able to direct one's own life to a reasonable degree.

- *Self-Worth*

  This need is similar to Maslow's esteem need, although the emphasis on self-satisfaction may be somewhat different.

- *Fun*

  Rusk believes that people have a need to enjoy themselves; to be able to play and laugh.

- *Love*

  This is similar to Maslow's need to belong, but the emphasis is somewhat different. Rusk stresses that human beings in this society need at least one person who is not a blood relative, to love them more than he or she loves anyone else. Ideally the feelings between the two people are mutual. In other words, Rusk believes people need a primary relationship with one other person.

DEVELOPING COPING SKILLS

As people grow up, they develop a repertoire of behaviors, attitudes, values, and personality traits, that, taken together, are coping skills. These skills help people meet their needs. The successful development of these skills largely determines a person's ability to function as a productive, fulfilled member of society.

In their paper, "The Developmental Approach to Preventing Problem Dependencies," Glenn and Warner (1977) point to research showing that some troubled persons exhibit "dependency problems." They describe many drug abusers and other clients of the criminal justice system as people who show "dependent behaviors." Such persons exhibit significant inadequacies in one or several of the following areas:

1. *Identification with Viable Role Models*

   Inadequacy in this area is determined by the way a person relates to his peers and by his self-concept. The vulnerable person believes he is different from the people around him whose attitudes, values, and behaviors allow them to "survive" in their total environment.

2. *Identification with, and responsibility for, "Family" Process*

   In this context, "family" is used in a broad sense to refer to one's peer group or to the group with which

one lives, though it can and often does mean the traditional nuclear family. When this identification is poorly developed, the person does not relate well to other people, either individually or in groups. He does not see that what he does affects others. He is unable to build a shared investment in outcomes, or to share in responsibility for achieving outcomes, or to account to others for his behavior. Although this may appear to be independence, it actually represents a failure to develop *inter*-dependent relationships with others.

3. *Finding Solutions to Problems*

Those who do not have the skills and attitudes necessary to work through problems often do not believe that their problems can be solved by applying personal resources. The person who is unskilled in problem solving believes that his problems have been escaped when he can't feel them any more. He believes that there is nothing he can do about the present or future. He believes that things "just happen" to him.

4. *Intrapersonal Skills*

Intrapersonal skills are those skills that a person uses to communicate with himself. The skilled person is self-disciplined, self-controlled, and self-critical. Weaknesses in these areas express themselves as an inability to cope with personal stresses and tensions, dishonesty with oneself, inability to defer gratification, and low self-esteem.

5. *Interpersonal Skills*

Interpersonal skills are those skills that enable a person to build relationships with other people. Specifically, they include the ability to communicate, cooperate, negotiate, empathize, listen, share, etc. Weaknesses in these areas express themselves as dishonesty with others, lack of empathic awareness, resistance to feedback, inability to share feelings, and the unwillingness to give or receive love or help.

6. *Systemic Skills*

Most people have the ability to respond to the demands of a situation. They also have the ability to modify their behavior within a situation in order to meet their needs constructively. Weaknesses in these areas are expressed as irresponsibility, refusal to accept the

consequences of one's own behavior, scapegoating, etc. A person with few skills in these areas tends to see himself as a victim of circumstances.

7. *Judgment Skills*

   Judgment skills include the ability to recognize, understand, and deal with relationships. Poor development in this area can cause difficulties in one's sexual life, poor judgment as a consumer, abuse of drugs, or other repetitious, self-destructive behaviors.

These seven characteristics may be thought of as the key coping skills that a person needs to survive as an adequate, integrated member of society. Glenn and Warner point out that dependent or vulnerable persons have not developed one or more of these seven vital coping skills.

Two of the seven items cited by Glenn and Warner can also be perceived as vehicles for teaching vital coping skills. Identification with role models and identification with "family" are not merely skills, they are also basic processes for *learning* life skills and coping mechanisms.

FAILURE OF COPING SKILLS

Coping skills may work or they may fail. When they fail, a person cannot satisfy his needs, he experiences pain and, in extreme circumstances, crisis. Coping skills may fail for two major reasons: (1) they may be inadequately developed, or (2) good coping skills may be rendered inadequate by an overwhelming situation, such as the death of a loved one.

There are three basic ways of handling the resulting pain or crisis. The most productive way is through the process of creative problem solving; in this process, a person creates new ways to satisfy his needs, thereby developing new coping mechanisms. The more developed one's basic coping skills, the more likely one is to solve problems creatively.

The least productive and most self-damaging method of coping is to avoid or cover up the pain without attempting to meet the unsatisfied need that is causing it. This is called acting out, and can take many forms including:

- Psychosis
- Violence
- Addiction
  - Overeating

- Sexual Promiscuity

- Alcoholism

- Drug Abuse

Society labels much of this acting out behavior as immoral. It can be illegal, depending upon the type of behavior and the extent to which it is acted out. Such behavior is considered "high risk" behavior. Those who "act out" through "high risk" behavior risk legal sanctions and often become clients of the criminal justice system.

The third major way of dealing with the pain is to accept it and endure it without acting out or without creatively trying to solve the problem that is causing it. Much neurosis fits into this category.

TYPES OF ILLEGAL BEHAVIOR

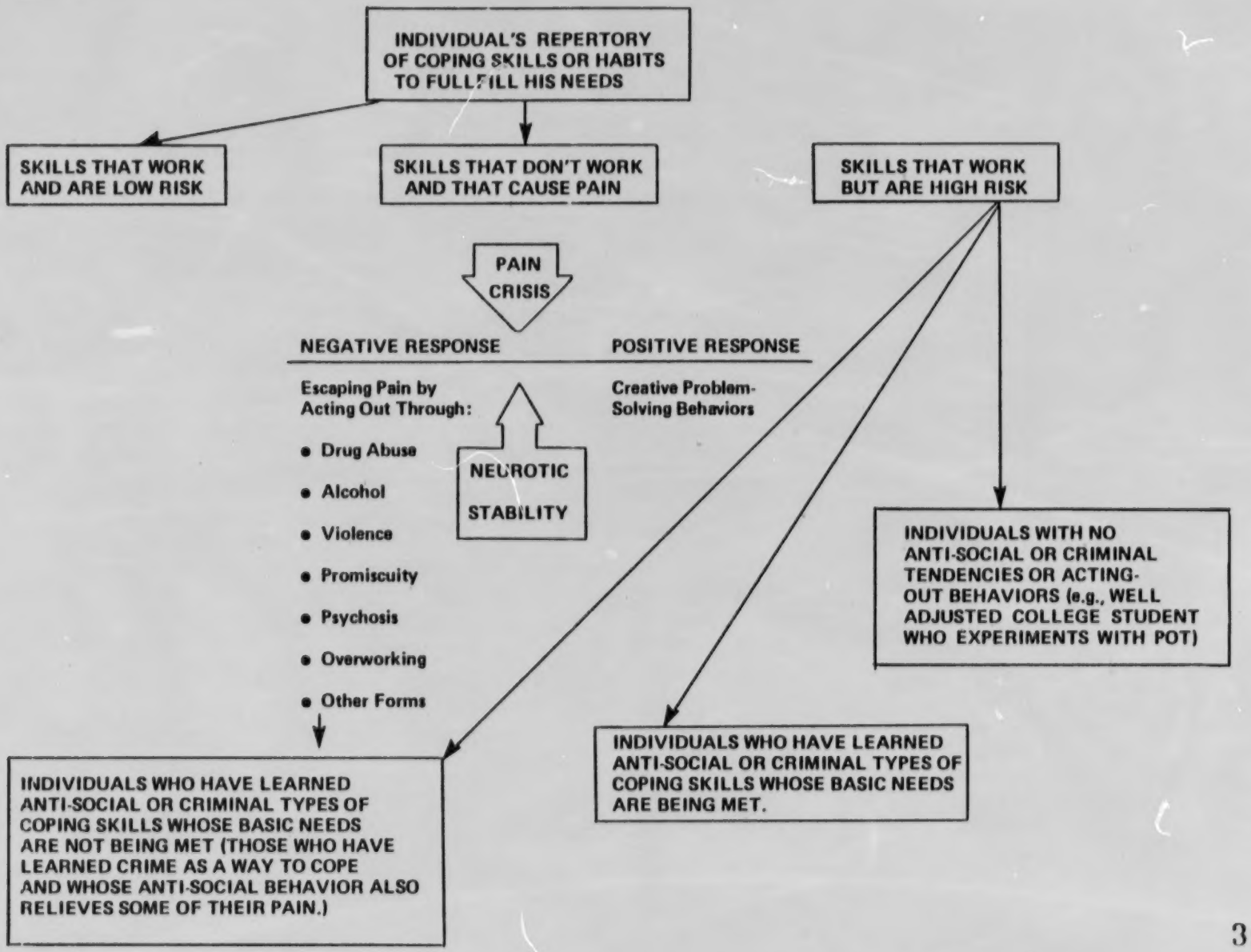
In our experience people demonstrating illegal high risk behavior can be categorized in one of the following three broad areas:

- Individuals who have learned antisocial or criminal types of coping skills whose basic needs are *not* being met and who are also "acting out" (those who turn to crime because (1) they have been taught that it is a way to cope, and (2) the antisocial behaviors relieve some of their pain).

- Individuals with antisocial, criminal tendencies whose basic needs are being met and who are *not acting out* (those who are properly habilitated and choose criminal behavior because it is expected and taught to them: e.g., those who grow up in "mafia" families and continue the tradition).

- Individuals with *no antisocial or criminal tendencies* whose basic needs are being met and who are not acting out (for example, a college student who experiments with illegal drugs but does not use the drugs to escape pain or to avoid dealing with difficult life situations).

(These human needs, coping skills, and pain/crisis models are summarized in the charts presented on the next page.)


INDIVIDUAL'S REPERTORY OF COPING SKILLS OR HABITS TO FULFILL HIS NEEDS
SKILLS THAT WORK AND ARE LOW RISK
SKILLS THAT DON'T WORK AND THAT CAUSE PAIN
SKILLS THAT WORK BUT ARE HIGH RISK
PAIN CRISIS
NEGATIVE RESPONSE
POSITIVE RESPONSE
Escaping Pain by Acting Out Through:
• Drug Abuse
• Alcohol
• Violence
• Promiscuity
• Psychosis
• Overworking
• Other Forms
NEUROTIC STABILITY
Creative Problem-Solving Behaviors
INDIVIDUALS WITH NO ANTI-SOCIAL OR CRIMINAL TENDENCIES OR ACTING-OUT BEHAVIORS (e.g., WELL ADJUSTED COLLEGE STUDENT WHO EXPERIMENTS WITH POT)
INDIVIDUALS WHO HAVE LEARNED ANTI-SOCIAL OR CRIMINAL TYPES OF COPING SKILLS WHOSE BASIC NEEDS ARE BEING MET.
INDIVIDUALS WHO HAVE LEARNED ANTI-SOCIAL OR CRIMINAL TYPES OF COPING SKILLS WHOSE BASIC NEEDS ARE NOT BEING MET (THOSE WHO HAVE LEARNED CRIME AS A WAY TO COPE AND WHOSE ANTI-SOCIAL BEHAVIOR ALSO RELIEVES SOME OF THEIR PAIN.)

2-10

There are several important observations to be considered with this model:

- Most drug abuse treatment clients come from those who "act out." Before they can be treated, they must first recognize and accept their pain; if they can continue to cover up the pain or escape from it, they have no motivation to change. This, in fact, is the case with many drug abusers: they have not recognized their pain; therefore they will not volunteer for treatment.

- The criminal justice system deals with people from all of the "high risk coping skills" groups, especially with those who act out. Unfortunately, in many cases individuals from the different groups are treated similarly, when in fact they should be treated by very different methods. For example, the hardened criminal may not be accessible for treatment, and a college student who experiments with drugs occasionally may not need treatment.

- The clients that are (or should be) common to both systems usually come from the "acting out" groups, and usually have poorly developed coping skills.

The major task of rehabilitating these clients is to provide them with adequate coping or habilitative skills to get their needs satisfied without their having to resort to high risk behaviors. This goal would benefit both society and the individual client.

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MODULE 3

THE CRIMINAL JUSTICE SYSTEM AND THE DRUG ABUSE TREATMENT SYSTEM

THE CRIMINAL JUSTICE SYSTEM AND THE DRUG ABUSE TREATMENT SYSTEM

by

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THE CRIMINAL JUSTICE SYSTEM AND THE DRUG ABUSE TREATMENT SYSTEM

INTRODUCTION

In the past two decades, there has been an unprecedented rise in social unrest in the United States. During this period we have witnessed increases in various kinds of problem dependency behavior that have manifested themselves in different patterns of criminal activity and social problems. Examples of such dependencies are evidenced by increasing drug use and abuse by all segments of the population: substantial increases in alcoholism among women and adolescents; staggering increases in the crime indices, (some communities have witnessed increases up to 300% in juvenile delinquency), and extreme overcrowding of our prisons caused by a commitment rate increasing at 20% to 25% per year (NCCJPA, 1975).

This discontent is reflected in the increasing number of mental health problems, both minor and major, that has resulted in a proliferation of mental health centers. Tranquilizers are among the most commonly prescribed forms of medication. Suicide has been reported to be the leading cause of death among college-age students and the second, after accidents, among teenagers. Concurrent with, and largely in response to, the increase in illegal acts and problem dependency behaviors associated with this rise of social unrest, there has been a tremendous growth in the two systems that directly intervene with problem behavior: the criminal justice system and the drug abuse treatment system.

The Corrections Problem

Currently there are approximately 2.2 million persons under the supervision of corrections agencies (Phillips and Surla, 1977). Of that number, half are in institutions, and the other half are either on parole or probation. Nearly one-half of them are juveniles (Roberts, 1976). Although most of the inmates are young adults, their education attainment is substandard. Almost 90% of the adult inmates lack a high school diploma (Syracuse University Research Corporation, 1973). It is estimated that more than one-third of the juvenile offenders are functionally illiterate. The average inmate functions two to three grades below the actual number of school years he has completed (Roberts, 1973). The average educational level is only 8.5 years.

It has been estimated that between 40% and 65% of the inmates have no marketable job skills. At the time of their arrest, 75% had incomes of less than $2,000 (Roberts, 1976). The majority of the inmates will stay in custody less than 2 years, and 19 out of 20 of them will eventually return to society (Beto, 1973).

A recent national survey of corrections facilities conducted by the Law Enforcement Assistance Administration (LEAA) indicated that there were over 5,300 facilities in the United States in 1971. Of these facilities, 4,500 were for adults and approximately 800 of them for juveniles. In addition, there were 2,400 probation or parole agencies (ECS Report, 1976). The cost of corrections, one component of the criminal justice system, has been estimated to be in excess of $2.5 billion per year (Sourcebook of Criminal Justice Statistics, 1973). With the commitment rate increasing at a rate of more than 20% per year (NCCJPA, 1975), the cost can only increase.

The costs associated with incarcerating an inmate are staggering. Between $6,000 and $12,000 are needed to incarcerate an adult offender for one year (ECS Report, 1976). Nearly twice as much money is required for youthful or juvenile offenders (ECS Report, 1976). It has been estimated that only 20% of the monies allocated for corrections goes into rehabilitative programs (The Select Committee on Crime, 1973). The remaining 80% pays custodial and administrative costs (The Select Committee on Crime, 1973). A recent study has indicated that only 20% of the 152,000 correctional personnel were assigned to rehabilitate the approximately 400,000 inmates that constitute the current adult prison population in the United States (ECS Report, 1976).

The Drug Abuse Problem

Drug abuse treatment programs have proliferated in the last decade. These programs offer a wide variety of treatment modalities. In a study conducted for the National Institute on Drug Abuse in the early 1970's, nearly 3,500 non-opiate treatment programs were identified. In addition to the specific types of intervention provided by drug treatment programs and the criminal justice system, society has responded to social problems by establishing social service delivery programs, e.g., rape programs, vocational programs, child abuse programs, and the like.

Typically, the drug programs attempt to remedy the individual's problem through application of a specific treatment regime. Another characteristic of drug programs is that they view the drug abuse problem as unique. This results in the development of narrowly defined treatment specialties. For example, the hard drug abuse treatment specialist believes that he or she alone has the necessary special skills and experience to intervene therapeutically with hard drug addicts. This tendency brings about specialization within treatment modalities, so that certain people become expert in doing therapy with only certain kinds of clients. It also has the effect of keeping different programs from working closely together and thus is partly responsible for the recent upsurge in the diverse types of social service programs currently available.

The Interface Between Systems

The focus of this paper is to present a brief overview of the criminal justice and treatment systems. An *interface* is a surface that forms a boundary between two adjacent regions. If we view the drug abuse treatment system and the criminal justice system as two separate regions, then the client/offender is the common boundary between them.

Because we are speaking on the conceptual level, we will use models. Models are useful to highlight important factors, to make complex situations more comprehensible, and to provide a means of simulation and testing. There are some practical problems associated with developing a model. Reducing the number of design factors that can be built into the model often does away with important, if elusive, factors.

By using models of the criminal justice and drug abuse treatment systems, we can demonstrate both the similarities and the differences that exist in the structures of the two systems. It is in the context of the existing similarities of the two systems and the similarities of their clients and the clients' identifiable needs, that a conceptual framework for interface between the criminal justice and drug abuse treatment system is proposed.

This paper is organized into the following sections:

- The Criminal Justice System Model

  This section includes historical and descriptive sections on the criminal justice system including a generic model of how the system functions.

- The Drug Abuse Treatment System Model

  Like the section on the criminal justice system, this section contains historical material and describes a generic treatment cycle.

THE CRIMINAL JUSTICE SYSTEM

History

The growth of the American criminal justice system -- police, courts, and corrections -- is related to the rise of the big cities. As communities grew, citizens needed public protection from "rowdies" and gangs. Beginning in New York City in the early 1800's, organized police forces (called "coppers" because they wore an eight-pointed copper badge) began to replace the loose collections of watchmen, constables, and vigilantes. Police history since then can be most easily described in terms of growth in size and efficiency. Technical

innovation has included the fingerprints system, photography, identikits, lie detectors, ballistics, sophisticated police force organization, and specialization in areas such as narcotics and riot control. (One special note: in America, unlike most other countries, the police department is usually linked politically to the mayor's office. Consequently, police forces have not always remained scandal-free. Top appointments and police initiatives may often reflect the idealogical and political perspective of the local mayor.)

In addition to constitutional and other legislative action that establishes new local, county, state, and federal courts, it is the process of legal decision-making, called "case law," that determines judicial history. A law may be passed by legislative bodies, but its interpretation or meaning grows out of current court decisions, which extend precedents set in prior decisions. Our understanding of the rights of accused persons, for instance, emerges through a series of increasingly refined judicial opinions delivered by judges in actual cases, dating back to the time of the constitution. Only rarely is there a dramatic turn in legal history, such as Brown vs. Topeka Board of Education, 1954, which struck down the constitutionality of separate but equal education.

A practical history of the criminal courts would highlight two concerns that have come into clear focus during this century. Probably because crime has grown far faster than the courts' or correctional agencies' ability to process criminals, informal agreements between defense lawyers and prosecutors, called "plea bargaining," now resolve most criminal cases. In return for a guilty plea, the accused bargains for a less severe penalty; and the courts are spared the time and expense of an extended trial. This has caused a change in the concept of the judge's role. He is becoming less a legal arbiter in an advocacy proceeding related to the accused, and more a decision maker regarding the length of sentence. In any case, both trends raise serious questions about the appropriate functioning of the criminal justice system.

Early correctional approaches in the 19th century reflect an optimistic faith in the self-correcting potential of man. Criminal behavior, it was thought, was the result of a stubborn spirit. Only if the wayward spirit could be broken by a reforming discipline, would the criminal perceive his errors and return repentant to the community. Both the "silent system," in which prisoners could not communicate with each other, and the "separate system," which kept them isolated in different cells, expressed this understanding of man. In the second half of the 19th century, the "criminal mind" theory was fashionable: certain people were believed to be criminal types, and those people could be discovered by analyzing their physical characteristics.

The term "rehabilitation" came into fashion in the last century; since then there have been numerous experiments to help the individual make the transition from criminal behavior to socially acceptable

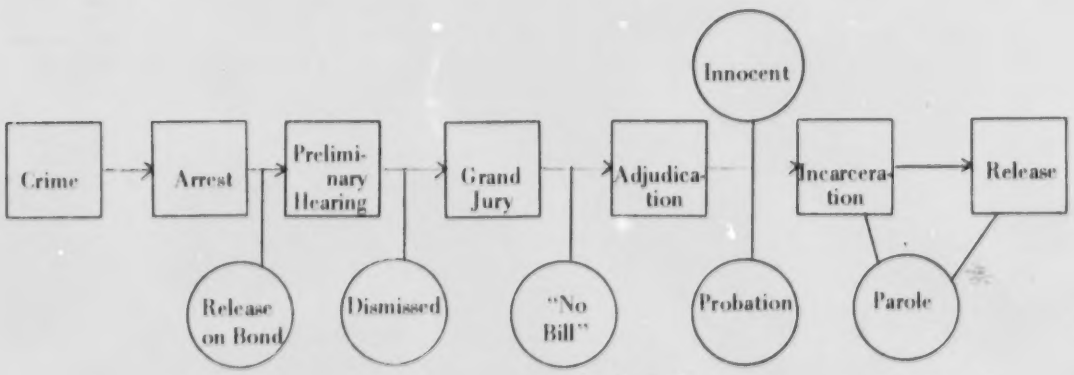
behavior. Criminals who were seen as socially, educationally, culturally, vocationally, emotionally, financially, and religiously deprived had their perceived deficiencies in turn filled by the provision of a rehabilitation service. Recent evidence suggests that none of those approaches have worked well in reducing criminal activity.

Description

To chart the process of the criminal justice system as a continuous flow is misleading. In the first place, it is more a loose confederation or network of agencies than a system. The word "system" implies a central direction; however, police, courts, and correctional agencies are usually funded under the different jurisdictions of local, state, and federal governments. The different levels of government express varying ideologies, goals, and commitments. Hence, a particular agency within the system frequently functions as if it had no relation to the operation of another agency. Let's take an example: the local press may be featuring a series of articles on rising crime in the city. As a result, the mayor feels compelled to increase dramatically the size of his police force. The number of arrests doubles, and the mayor proudly points to the success of his attack on crime. But the state, which funds all correctional facilities, has a limited budget and cannot afford new construction. The result of the increased police work, then, is overcrowded prisons.

Before describing the criminal justice process, a second warning is in order: a flow chart implies continuous movement; in fact, there are many points along the way where stops and diversions can occur. In most jurisdictions, only a small portion of those who enter the "system" by arrest are incarcerated. Arrestees are found innocent, probated, diverted to treatment programs, and occasionally simply lost somewhere by the system. More people relate only to part of the network, perhaps only to a single agency, than are processed through the whole system.

With these reservations, the following flow chart is presented. It is intended to be generic. Each real system will be a variation of this simplified model.



Key to Model:

1. Crime Most crimes involve the breach of a state, rather than a local or federal law. Although the model shown above reflects a traditional state system, the system varies from state to state. The federal system is somewhat different. State laws are passed by the legislatures; local ordinances are written by the local counterpart -- a city council, for instance.

2. Arrest Most state and local enforcement is left to local police forces. County police protect unincorporated areas. State police are responsible for interjurisdictional problems, such as highways, statewide narcotics, and gambling, and so forth. Similarly, federal enforcement covers interstate problems, such as mail fraud or airplane hi-jacking, and also protects federal institutions such as federal banks or army installations.

2a. Bond The justification for the cash bond system is that it insures the defendant's appearance at trial. Because cash bonds are thought to discriminate against the poor, recognizance bonds issued on the basis of community and personal stability have replaced cash bonds for many crimes in many large cities.

3. Preliminary Hearing The purpose of the preliminary hearing is to "show cause to believe that the accused committed a crime" so that a judge may bind him over to the grand jury. This is an evidentiary hearing dealing only with the facts of the case, and not with guilt or innocence or interpretation of law.

Local courts, rather than county or state courts, usually handle preliminary hearings. This same court may function in the more complete legal sense by adjudicating city ordinance cases. Hence, a burglar would be bound over to a higher court for trial, but a pornography dealer who violates local obsecenity statutes would be tried in this court.

4. The Grand Jury The grand jury is an institution made up of respected citizens of the community who are asked to decide whether the legal and factual evidence justifies an arrestee's going to trial. The prosecutor presents the evidence; the grand jury returns a "true bill" or "no bill." Originally, the purpose of this jury of peers was to protect the interests of the accused. Now it does little more than approve the initiatives of the prosecutor.

5. Adjudication For most arrestees, the real trial occurs during a conference between the defense attorney and the prosecutor in which the minimum prison term or probation is bargained in exchange for a plea of guilty. Cynical as it sounds, actual appearance before a judge in court results in judicial ratification of the plea bargained, as presented by the prosecutor. A defense lawyer may

intervene, of course, if he is not satisfied with the bargain; the judge may reject recommendations made to him for sentencing.

5a. Probation A common sentencing device applied to first or second offenders is supervised probation. The person on probation is required to behave according to specific standards, cannot leave the jurisdiction without permission, must report to the probation officer regularly, and may have to pay a fine. In return, the offender is not imprisoned. The original purpose of probation was rehabilitation: probationers were to receive counseling and guidance, vocational assistance, and so forth. But in most cities today, probation caseloads have grown so large that probation involves only an infrequent monitoring for illegal behavior.

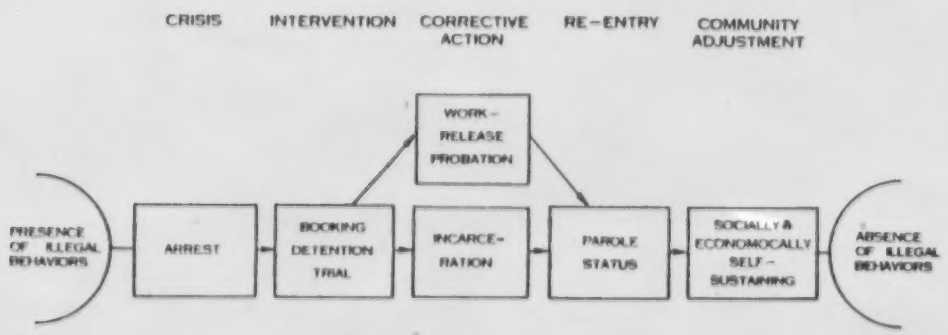
6. Incarceration Correctional officials have tested many innovative alternatives to the traditional prison. Some examples of these currently in use are work release programs, in which prisoners work in normal jobs and return to the program facility at night; treatment programs, which provide various forms of intensive counseling during the day; educational release programs to permit prisoners to continue their educations; and restitution centers, in which prisoners work during the day to pay back the victims of their crimes and any fines associated with their cases. All these alternatives can be classified under the generic heading of "community-based corrections."

7. Release Return to the community is usually contingent on following the parole rules. Like probation, parole is a testing period for the offender during which he or she is obligated to demonstrate superior behavior. Infractions may result in a return to prison.

System Model

Our conceptual model of the criminal justice system identifies five major stages that an individual undergoes as a result of becoming involved with the system.

CRIMINAL JUSTICE SYSTEM



- Crisis - The crisis refers to arrest, brought on by the individual's pattern of illegal behaviors. For the purpose of this paper, we are concerned not with the individual who breaks the law only once, but rather with the individual involved in repetitive criminal behavior.

- Intervention - The second stage in the criminal justice system model is "intervention." This involves such activities as booking, detention, pre-trial investigation, and standing trial. At this stage, some determination is made as to the final adjudication of the individual, be it probation, sentencing, and/or incarceration.

- Corrective Action - This third stage of the model consists of the rehabilitative processes that we hope will take place. Corrective action can take the form of work release, probation, placement in a variety of non-institutional or institutional type programs, or simple incarceration.

- Re-Entry - At the fourth stage of the criminal justice system model, we begin the process of assisting the individual in his return to society. This may take the form of parole, assignment to a halfway house, or to any of several types of activities or programs that are somewhere between institutional living and complete reintegration into society.

- Community Adjustment - The final stage of the criminal justice system model is the community adjustment stage. It may or may not involve the resources of vocational rehabilitation programs or voluntary social service organizations that assist an individual in becoming socially and economically self-sustaining.

Finally, we reach the desired outcome which is defined in this model as the absence of the illegal behavior patterns that initially caused the individual to be involved in the system.

THE DRUG ABUSE TREATMENT SYSTEM

History

The following chart underlines legislative decisions that mark the American response to drug use:

1912 Hague Convention: This conference called by the United States, resulted in the International Opium Convention of 1912, which made international narcotics control a matter of international law.

1914 Harrison Narcotic Act: This was a tax act. It restricted legal use of drugs to medical purposes and developed the framework for a coordinated federal, state, and local enforcement strategy.

1919 Volstead Act: This was the alcohol prohibition act, which made the manufacture, transportation, and sale of alcoholic liquors illegal except for medicinal and sacramental purposes.

1929 Public Health Service Law (#672): This was the first "treatment" legislation. It created public health services for narcotics addicts at Fort Worth and Lexington. In 1966, it was incorporated into expanded services under the NARA Act.

1932 Uniform Drug Act: This collection of specific narcotics enforcement laws was adopted by most states. This Act identified marihuana as a narcotic.

1970 Uniform Controlled Substances Act: This bill was designed to control the legitimate manufacture and distribution of legal drugs and to curtail (and ultimately eliminate) the importation and distribution of illicit drugs.

1972 Drug Abuse Office and Treatment Act (PL 92. 255): This act provided for a coordinated strategy of enforcement and, for the first time, a nationwide treatment network.

Much of this enforcement approach to dealing with drug problems was the result of the efforts of a Treasury Department official named Harry Anslinger. From 1930 to 1960, Mr. Anslinger never deviated from his view that drug use was an evil that must be eradicated. During that period, through adept Congressional relations, he was able to get increasingly restrictive drug laws passed that required enforcement by increasing numbers of Treasury agents. Treatment alternatives, such as a short-lived series of medical clinics for addicts in the big cities, were squashed. Hence the Treasury Department, with its drug enforcement beginnings rooted in prohibition, and justified by laws requiring a tax on all legal drug distribution greatly

influenced the American response to drug use.

In the years between 1930 and 1960, the United States was virtually without any drug abuse or alcohol abuse treatment system except the federal drug treatment hospital in Lexington, Kentucky, which primarily treated addicts who had committed federal crimes or who had committed themselves for treatment. Recidivism rates were very high and the commonly held view was that treating addicts was almost futile.

Treatment of alcoholics followed three models: very expensive "guest ranches" for drying out the rich; very economically operated poor farms and workhouses used to dry out and house derelict drunks; and self-help programs operating in the style of Alcoholics Anonymous.

During this same period, the mental health treatment delivery system consisted primarily of state hospitals, a few private hospitals, and child-guidance clinics in many of the larger cities of the country. These were augmented by psychiatrists in private practice and growing numbers of psychologists, clinical psychologists, and psychiatric social workers. There were a few residential treatment centers for adolescents, but it was not until the early sixties that the community mental health center movement, with the aid of government funding, began to build a comprehensive mental health system. Those who operated this mental health system tended to agree with the common wisdom of the day: that heroin addicts and alcoholics were so difficult to treat and so prone to recidivism that the time spent on them was virtually wasted.

The drug problem began to mushroom in the early sixties. The number of severe crises among heavy users of amphetamines and barbiturates rose. Alarming flashback symptoms began to occur among users of LSD. These events led to the ad hoc development of "free clinics" staffed by young physicians, psychologists, and social workers. These people trained other young people in crisis-counseling techniques and were able to maintain rapport with clients who would not otherwise relate well to the conventional medical and mental health community.

The desperate need for services was apparent, and funding from national and state sources was rapidly made available to these burgeoning clinics. Outpatient and day treatment models were developed, a variety of inpatient, Synanon-type programs and therapeutic communities sprang up, and the specialized treatment of heroin addicts in methadone maintenance clinics was widely funded.

The net effect of this rapid growth of treatment capabilities in the larger cities across the country was the development of a hodgepodge of uncoordinated programs. The National Institute of Health made various efforts to encourage the formation of coordinating

councils and other mechanisms to ensure the formation of relationships among clinics and modalities, but the natural competitiveness and the confusions inherent in numerous uncoordinated programs made it very difficult for any community to organize their resources coherently. The Special Action Office for Drug Abuse Prevention (SAODAP) and its successor, the National Institute on Drug Abuse (N.I.D.A.), had and have a key mandate to coordinate drug abuse program efforts.

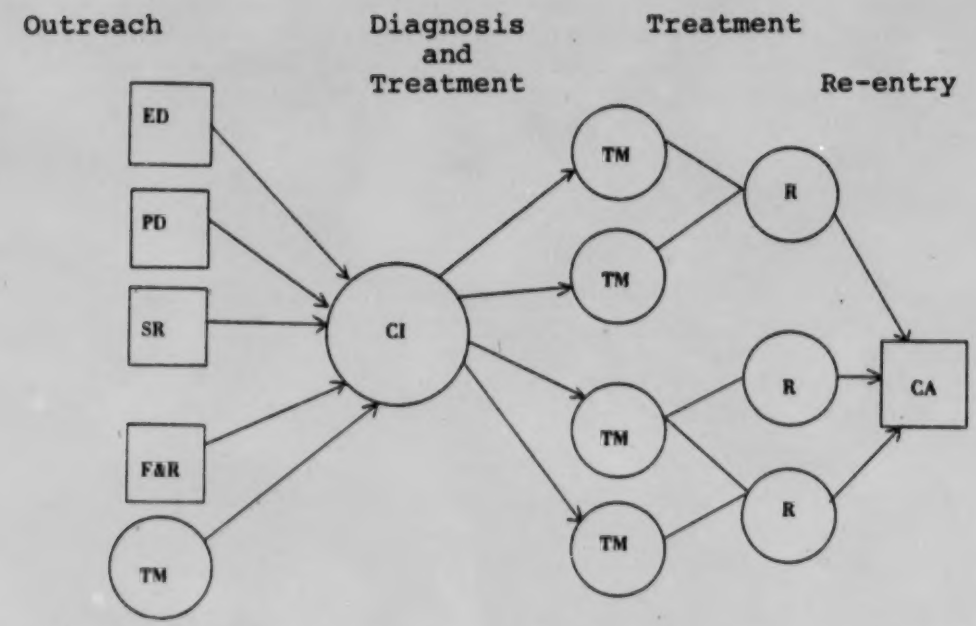
Description

As with the criminal justice system, it can be misleading to chart the drug abuse treatment system as one continuous flow of events. If anything, the drug abuse treatment system is less systematized than the criminal justice system and cannot be reduced to one basic model. *Three* basic models exist, each of which is described below:

The Central Intake Model. In larger cities or county jurisdictions, where most funding control of treatment programs rests with one central agency and where there is a fairly large and dense population, it is possible to create a central intake point that provides diagnostic and referral service for all treatment programs in the community. In this model, many community service and treatment agencies serve as case-finding or "first intervention" sites. For example, hospital emergency departments, college counseling services, police departments, friends and relations of the drug abuser at risk, and treatment modalities themselves serve as original referring agents. Often they take the drug abuser to a central referral unit that provides the necessary diagnostic workup. A day or two, sometimes less than that, is all that is needed for the central intake unit to assess the needs of the client and determine the best modality for his or her treatment.

The client then moves from the central intake into one or another of the available treatment modalities in the community.

CENTRAL INTAKE MODEL



ED = Emergency Department
CJ = Criminal Justice System
SR = Self-referral
F&R = Friends and Relatives
TM = Treatment Modality
CI = Central Intake
R = Re-entry
CA = Community Adjustment

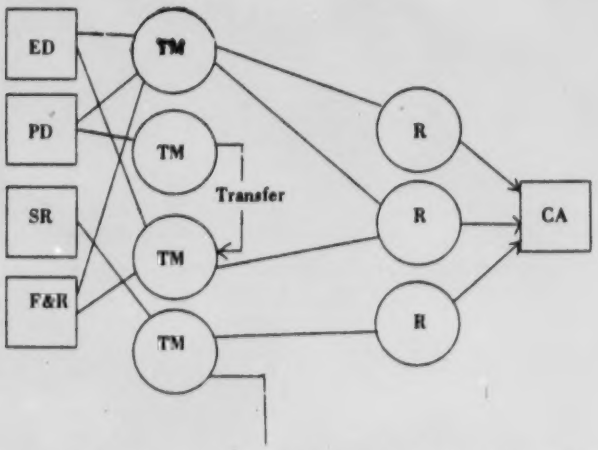
Random Intake Model. A much more common drug abuse treatment system model has developed in cities and jurisdictions where funding and control of treatment programs is widely dispersed. In such a situation, each modality makes its own judgments about self-referred clients. Sometimes they keep clients who could best be served by another modality simply because they need the client to "build the census." Occasionally the client will refer himself to a highly selective modality (for example, a "heavy TC"), which winds up telling him flatly that he does not need (or "isn't ready for") its service. In such a community, the responsibility for appropriate referral to modalities capable of helping the client is not centrally vested. Selection of a modality is left up to the private physician-practitioner, the emergency room staff, the police, or other intervenors. Often the client selects a modality based on its reputation among abusers.

In a random intake model it is rarely possible to get a smooth transfer from one modality to another. The professional

staff in one rarely determines that the client would make more positive gains in another setting. Instead, the client usually determines for himself that he is not receiving useful treatment. In such a case, he usually "splits" and may not seek treatment until another crisis emerges in his life. This results in a high "split" rate for the treatment community as a whole and in a great number of clients repeatedly passing in and out of programs.

The random intake model also provides re-entry services through the re-entry stages of their own programs and through links established between drug treatment programs and the various re-entry services.

RANDOM ENTRY MODEL



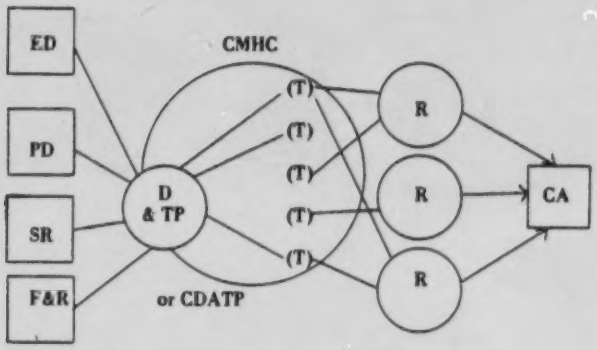
ED = Emergency Department
CJ = Criminal Justice System
SR = Self-referral
F&R = Friends and Relatives
TM = Treatment Modality
CI = Central Intake
R = Re-entry
CA = Community Adjustment

Generalist Service Model. In many rural areas of the United States, a service system has grown up in association with the community health center system of the sixties. Under this model, the casefinders (police, emergency rooms, educational institutions, etc.) form the basic referral network. There is only one service provider in the community, such as a community mental health center or a comprehensive drug and alcohol abuse treatment center. Thus, the alcohol or drug abuser is processed in much the same way that other persons in need of mental health services are processed.

In some areas, a single drug abuse service program is funded and designed to be all things to all people; that is, it

offers a wide array of services and treatment approaches under a single roof to a broad and varied population.

GENERALIST SERVICE MODEL

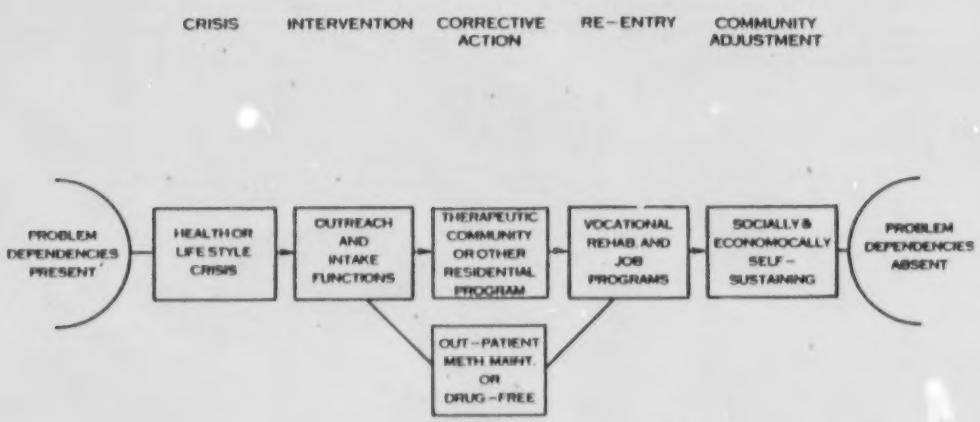


CDATP = Comprehensive Drug and Alcohol Treatment Program
CMHC = Community Mental Health Center
D&TP = Diagnostic and Treatment Planning
T = Treatment Approach

The Drug Abuse Treatment System Model

Looking at the treatment model, we can explain the phases of client movement through the system in terms similar to those used in the model of the criminal justice system. The terms used to describe the *phases* of treatment are essentially the same as those used to describe processes found in the CJS model.

DRUG ABUSE TREATMENT SYSTEM



We begin with a pattern of behavior, which we referred to as illegal behavior in the CJS model, and which we now call "problem dependency behavior." By problem dependency behavior, we mean an established pattern of unacceptable behavior. Occasionally, a client enters the treatment program voluntarily. If the health system, the social system, or the legal system perceives that the client's behavior is unacceptable, he or she is detained or placed under some kind of pressure to enter the treatment setting.

- *Crisis.* The first stage in the treatment model is a health or lifestyle crisis, not an arrest as with the CJS. Referral by friends or by the emergency room, hotline or free-clinic interventions, and simple "walk-ins" are examples of these kinds of crises.

- *Intervention.* The intervention level of the treatment model is in many ways similar to the booking or pre-trial assessment interviews in the CJS model. Adjudication in the treatment model would mean determining or arriving at a course of treatment for the individual. Actually, prescribing the treatment is analagous to the sentencing process that takes place in the CJS.

- *Corrective Action.* Corrective action for the individual in the treatment model then could take the form of inpatient residential programs or outpatient or related support programs. It could take place in a residential program similar to the institutionalized segment of the CJS.

- *Re-entry.* At re-entry, we again find vocational rehabilitation programs or job placement programs, or a variety of re-entry support groups such as half-way houses, all of which are also part of the CJS model.

- *Community Adjustment.* The treatment program is successful when the individual becomes economically self-sustaining and when he or she is successfully disengaged from his or her problem dependency behavior.

SUMMARY

Both the drug abuse treatment and criminal justice "systems" have had a great deal of difficulty organizing themselves to do their job. It is really stretching a point to call either of them systems. Nevertheless, we have attempted to break each "system" down into models that will allow us to look at their differences and, particularly, their similarities.

If we can classify what occurs in each "system" according to the same generic processes as we have done by use of the crisis-intervention-corrective action-re-entry-community adjustment paradigm, we can more easily determine points of interface and collaboration.

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MODULE 4

THE INTERFACE BETWEEN THE TWO SYSTEMS

INTERFACE

by

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INTERFACE

Criminal justice and drug treatment systems already exist. Consequently, we are not concerned with either establishing or inventing new systems. What we are interested in doing over a period of time is adapting and combining some of their traditional methods. We are interested in developing interface mechanisms and systems that will allow us to use the strengths of the treatment system within the criminal justice setting (infusion), and allow the treatment system to take full advantage of the coercive motivational elements of the criminal justice system (diversion). We are, in short, looking to develop a symbiotic relationship between the two systems that will provide for the rehabilitation of criminal offenders so that those persons no longer engage in self-destructive or anti-social behavior.

THE CRIMINAL JUSTICE SYSTEM

If we examine the strengths and weaknesses inherent in the two systems, we find that the criminal justice system is very strong in the areas of *coercive motivation* of clients to move them into treatment, recruitment (i.e., arrest), and accountability for results. It also has a strong monitoring system for follow-up and places great emphasis on achieving correctional outcomes.

But if we examine the correctional system closely, we find that it does not help its high-risk clients develop an adequate array of coping skills. In other words, by encouraging dependence and providing few opportunities for independent growth, the correctional system does not provide enough of the rehabilitation that is essential for the client if he is to correct some of the underlying deficiencies that lead to his pattern of illegal behavior. If we examine the drug abuse treatment system, we see strengths in the habilitative and treatment areas combined with some inabilities to *recruit* many of those needing treatment.

The concept of interface requires that the strengths of the two systems be used in a complementary way. Thus, the power and accountability of the criminal justice system can help to push clients into treatment and to keep them there. The treatment system can balance "control" and "support" on the one hand with the potential for growth and development on the other, always gauging the ability and the readiness of the client to assume greater control over his own life.

A FLOW OF CLIENTS

The term *interface* has been used repeatedly in this course to discuss the relation between the criminal justice system and the drug abuse treatment system. Defined as a surface forming a boundary between two adjacent regions, interface as used here refers specifically to the boundary between the criminal justice and the drug abuse treatment systems. In our discussion, each of the systems is considered a separate entity; and offenders and treatment personnel pass back and forth through the boundary.

This course focuses on defining that boundary in terms of the obligations and responsibilities of persons working within either system when ushering people across the boundary. They have to know, for instance, who it is they are escorting into the other system; they must be sure that he actually moves into the other system without slipping away from both of them; and each side must learn to trust the other's judgment to avoid the doubt and skepticism that so often accompany a request concerning a client of both systems.

Finally, workers within one system need to understand how the other system operates; they must understand why it can *or cannot* perform certain kinds of functions. Without this level of understanding existing between the systems, a worker in one of them cannot make appropriate decisions within his own system that will have bearing on the offender when he moves into the other system.

I would like to introduce a visual analogy, that of a flowing river. If we think of the stream as being a steady flow of offenders into the criminal justice system, we can visualize some as half-drowned, some clinging to logs, some spinning around in tin wash tubs, some in disabled canoes without a paddle and still others in fancy motor yachts that have run out of gas.

Stretch the analogy a little further and consider a team of individuals on some rocks in midstream. They are pushing some of the offenders into a side channel (diverting them), while letting others continue downstream. Not all of those who are diverted into the side channel reach dry land, although many of them reach shallow water, touch bottom, and finally make it to shore. Those who continue downstream may be able to climb out and dry off on islands along the way or may reach the shore by themselves. Using the stream analogy, we have characterized diversion as the set of activities and programs that work together to get the individual out of the criminal justice system and into a treatment setting. In a similar

way we can think of those who "continue down stream" as persons who will remain in the criminal justice setting and receive treatment within the system.

For purposes of the rest of this discussion then, we will talk about *diversion* when we wish to refer to programs that move offenders across the interface between criminal justice and drug abuse treatment to receive treatment in an outside agency. We will use the term *infusion* to describe the development of programs within institutional settings designed to provide treatment.

Let's look for a moment at some of the downstream islands available to provide treatment within the criminal justice system. These would include a physician in the jail who prescribes needed drugs during withdrawal and deals with other immediate, drug-related physical health problems. Another "island" might be a program of psychological testing and treatment in a city or county jail designed to screen all new inmates for psychological problems and to identify those with good treatment prognosis for immediate in-jail individual and group therapy. There might be a cluster of islands further downstream, in a prison or penitentiary, that contain a comprehensive in-take unit and various "inside" treatment modalities such as therapeutic communities, behavior-modification groups and the like. Finally, there are a number of "islands" even further downstream that consist of specialized work release programs, furlough programs, and halfway house modalities that provide prison-sponsored treatment during the re-entry phase.

It is important to note, however, that most of these in-stream resources are *not* under the control of the team diverting people near the headwaters. Once a client floats past them, the natural forces and currents within the stream may cast him up on one or another of the down-stream "treatment islands." Then again, he may receive no treatment at all. It is also important to note that some of those who are pushed or swept into the diversion channel will inevitably stumble back into the river even after they have been dried out. Others will "run" from the treatment and find themselves picked up by the "long arm of the law" and dropped back into the stream.

The foregoing analogy sets the stage for a discussion of the basic models that exist for treatment of drug abusing offenders: the *institutional* treatment models and the *community-based* models. Movement of offenders into treatment programs operated in the community (i.e., community-based) is commonly thought of as "diversion." Movement of treatment-oriented professional staff into incarceration facilities (where they

will conduct treatment) is another way in which people pass through the boundary between the systems. They need to learn many of the same things that diversion workers learn. We can refer to this latter process as *"infusion"* of treatment concepts and procedures into the criminal justice system. Infusion creates institutional treatment models.

Now let us look for a moment at some very simple generalizations (which, like all generalizations, don't always hold up). First, there is a concept of a continuum between the first offenders on the one hand and the "heavy felons" on the other hand. Somehow it is assumed that the first offender deserves a chance and shouldn't be incarcerated. It is also assumed that the heavy felon is likely to be a hardened criminal, totally without redeeming qualities and very difficult to rehabilitate. While these generalizations often appear to have some validity, it is probably a safe rule of thumb to examine each offender individually, considering carefully not so much his crime, but rather his self-understanding, his awareness of any personal problems, and his apparent readiness to participate in a program that might result in change.

Obviously, one must know the client in order to judge reliably whether or not he can benefit from treatment. To determine whether he can best be treated within an institution or through a diversion mechanism, one must also know what treatment resources are available. A diversion worker can hardly recommend a treatment program if he or she has not read its prospectus to know what kind of clients it deals with best. The worker must also make his own estimate of the program's relative success with its clients.

It is impossible to convince the client, more importantly, the judge, of the merit of a particular placement if you cannot speak with authority about the *availability* of a treatment slot in the program, the *appropriateness* of the treatment for the client, and the *readiness* of the client for the treatment.

DIVERSION

Like it or not, every community has diversion activities of some sort working in it. Diversion programs come in various types and styles. For the moment let's consider three styles of programs.

The most frequently seen is an *ad hoc program*, which picks up an occasional offender (who would otherwise float downstream into jail or prison) and diverts him into treatment.

The *case management* style of program is based on a continuing relationship between the diversion worker and the offender. The diversion worker (often a probation officer or drug treatment counselor) accepts ongoing responsibility for the client from the point of the original screening interview through referral, monitoring and re-entry, and helps the man into successful adjustment in the community.

A third style, the *unit management* style of diversion program, consists of several units. A "screening unit" may initiate service, then hand the offender off to a "referral unit," which will make sure he gets into treatment. While in treatment he will be handled by a "monitoring unit." Finally, he will be assisted in his return to the community by a "re-entry unit."

There is no such thing as a "pure" example of any of these program styles. But they do provide us with three ways of thinking about diversion programs and how they can best be designed to serve clients.

Take a few moments to think of examples from your own experience with individuals who have been moved out of the criminal justice system into treatment. Classify the arrangements as formal or informal. Were they handled "ad hoc"? Were they part of a "case management" or "unit management" type activity? You may wish to make notes of one or more examples for future discussions.

DIVERSION POINTS

A flow diagram demonstrating the movement of an offender through the criminal justice system would have the following headings:

- Crime
- Arrest, Placing of Charges, "Booking"
- Preliminary Hearing (or "First Appearance")
- Grand Jury Hearing (or other decision to try or release)
- Adjudication (trial)
- Sentencing
- Probation
- Incarceration (or equivalent)
- Parole
- Release

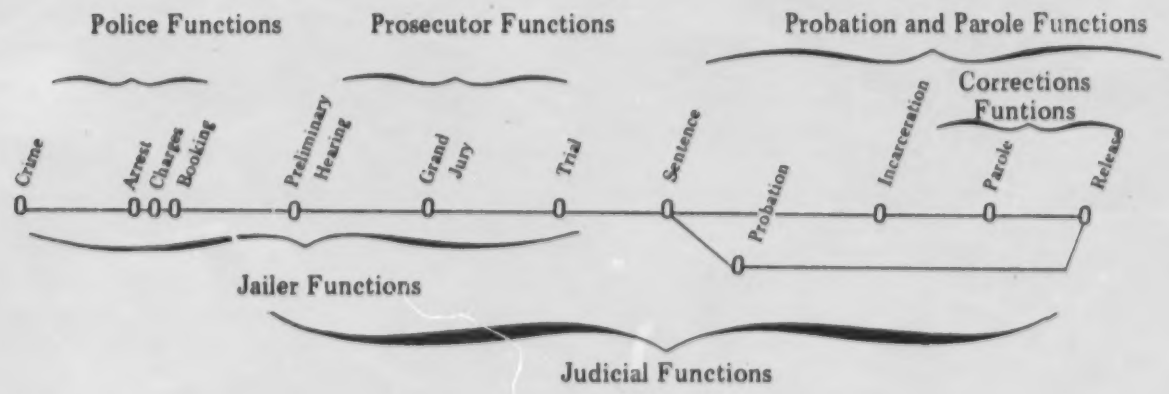
Defining the Criminal Justice "System"

America's "federal system" of government has been uncommonly successful in allowing states to develop a wide variety of methods of government and system of law enforcement, jurisprudence and corrections. Although the constitution governs the broad general issues, each state defines its own mechanisms within the federal framework.

This has resulted in enormous variability among procedures and institutions. In many largely rural states, a Sheriff's Department provides both police services and pre-trial detention. In other places, the police function is sharply separated from that of the jailer. Some states make widespread use of the Grand Jury system and almost every accused felon must make a grand jury appearance. In other's, a magistrate "binds the offender over" for trial and the prosecutor prepares his case without a grand jury presentment.

The very fact that no two states (or local jurisdictions for that matter) are the same militates against the development of a "system" concept, except in the very broadest sense, although we have developed a fairly useful flow chart that identifies the sequence of events in an offender's passage through such a generic system, it is more difficult to indicate graphically the responsible element of the government at each stage.

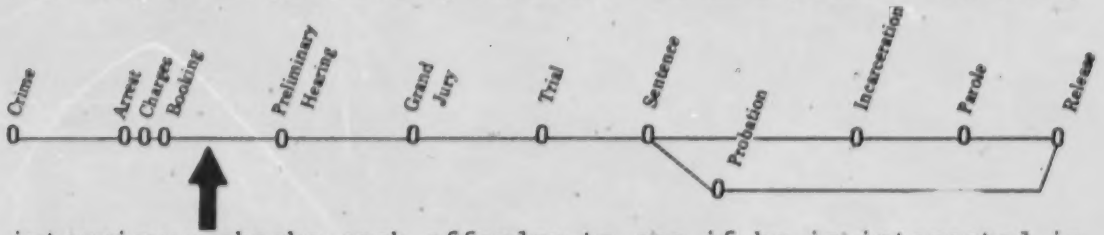
The chart below attempts to show graphically the responsible element of government in a hypothetical offender flow situation.



Each Trainee group will need to discuss the way in which their local system works and perhaps construct a chart to show how the various elements of government inter-relate in their jurisdiction.

There are some drug abuse prevention training programs or drug intervention programs that "require" a young person who has been picked up by the police to enroll in a short-term (six, eight, or twelve weeks) course of evening classes, usually once a week. These diversion programs have the goal of educating the young person (and sometimes the parents), through group process and self-examination, so that he might understand why drug abuse has become a problem for him. For a youth to qualify for this program, a "deal" is made between the police, the parents, and the young person: the police will not "press charges" if the offender agrees to attend the program. (These programs are an important part of the arsenal of drug abuse *prevention* tools, but because they do not involve a fully executed arrest, placing of charges, and "booking," they have been considered part of the law enforcement-drug abuse prevention field. This interface course, however, deals with people and systems that interact *after* the arrest and booking are completed.)

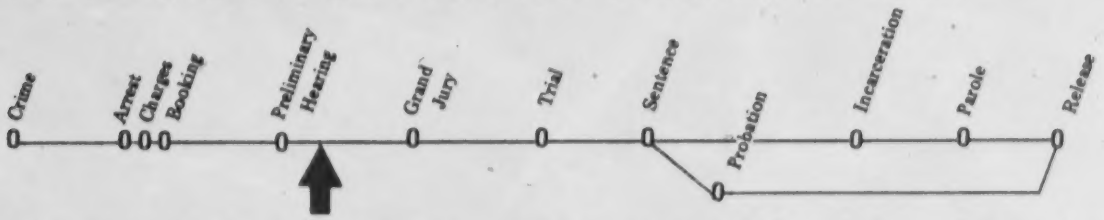
Another point at which many diversion programs intervene is immediately after arrest and booking and before the first arraignment or preliminary hearing. At this point a screening



interviewer checks each offender to see if he is interested in a more lengthy assessment interview, holding out the possibility of release to treatment as an inducement. Those who express interest are potential diversion clients. Such a program determines the appropriate treatment modality for this particular offender and makes its recommendation directly to the judge at the first arraignment hearing.

Another common arrangement at this point is for the diversion worker to offer diagnostic and referral service as a lead-in to a treatment assignment. The judge will assess the offender's determination to get into treatment and perhaps remand him to the custody of the central intake or diagnostic unit. The assignment carries with it the contractual understanding that the offender must enter the treatment program selected for him by the intake unit.

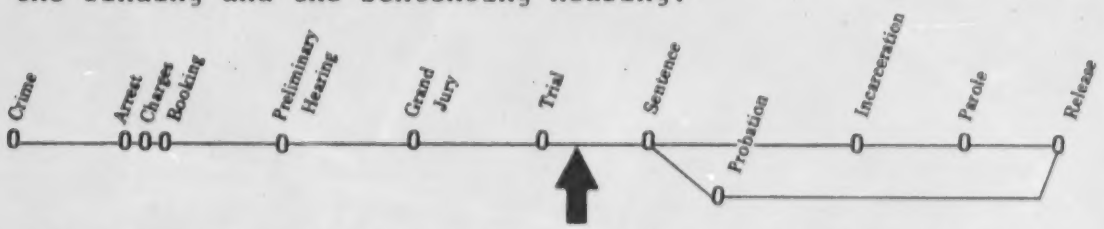
Another point of diversion is *after* the preliminary hearing and *before* a grand jury hearing or other proceeding used to determine whether the evidence is sufficient for trial.



The prosecutor has a great deal of control in many jurisdictions during this part of the criminal justice proceedings. He may simply agree not to prosecute the offender if he will go into treatment. Many cases have been settled this way, with the prosecutor using his enormous influence to coerce the offender into accepting treatment. (Operating an adequate diversion program of this type requires a great many staff and good monitoring efforts on the part of the prosecutor's office; otherwise the office becomes a sieve through which many escape prosecution but receive little or no treatment.)

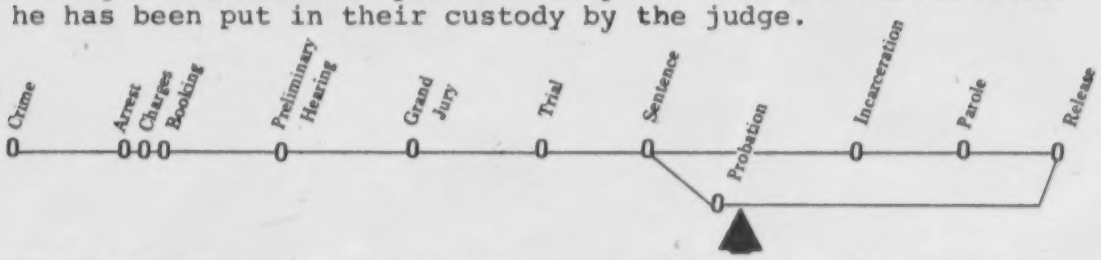
Once a case has gone to the grand jury or has been scheduled for trial, it is not very likely that a diversion will occur before the beginning of the trial. Once the grand jury speaks, either delivering a "no bill" and releasing the man, or calling for his trial, it is hard to rationalize an intervention for the purpose of treatment.

However, immediately after a trial in which the offender is found guilty, it is common for the judge to intervene between the finding and the sentencing hearing.



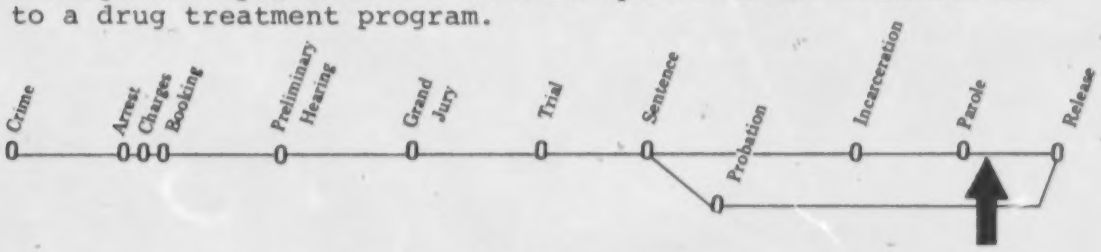
Characteristically, the court requests a pre-sentence investigation to prepare an analytic report of the client's readiness and appropriateness for treatment. The sentence may then be suspended on condition that a treatment alternative is accepted and undertaken in good faith.

Another form of diversion occurs when the probation department arranges treatment as part of its plan for the offender after he has been put in their custody by the judge.



While such an arrangement does not have the formal judicial mandate inherent in the sentencing proceeding, it is supported by the strong power of the probation officer to seek a "revocation hearing" if the probationer fails to continue in treatment.

A final possible diversion point in the offender's passage through the system occurs when the parole board releases him to a drug treatment program.



Such a release might take the form of parole to the custody of a therapuetic community or a drug-free halfway house.

The foregoing examples of diversion are cited to give the reader a broad view of the range of points of interaction between the two systems. This entire spectrum constitutes the interface between the two systems.

DIVERSION STEPS

The steps or functions a diversion worker must accomplish during the passage of a client through the diversion process are as follows:

- Interviewing: The worker must learn about the offender, both from what he says and from what is in the record concerning him.

- Assessment: The worker must analyze the client information in light of what he (the worker) already knows about the law, the judge, the treatment modalities (e.g., the resources available).

- Recommendation: The worker must come to a decision and (if his decision is for treatment) he must develop a plan for treatment which is as specific as possible.

- Contracting: Next the worker should share his diversion and treatment recommendation with the offender, getting him to accept and sign off on the specific treatment steps and outcome goals that will be pursued.

- Adjudication: The court must hear the recommendation and receive the offender's signed contractual commitment to receive treatment. The court may or may not follow the recommendation.

- Placement: The offender must be introduced (often accompanied) to the program and a firm relationship must be established between the court and the program.

- Monitoring: A flow of information back and forth between the program and the court must be established, with counselors, diversion workers, and probation officers as the vehicles of information flow.

- Re-Entry: As the offender progresses through treatment, his re-entry to society as an economically and socially self-sustaining individual should be planned.

These 8 steps, which are treated in greater detail in the "Procedures" unit of the course, form the foundation of the diversion process.

In summary, there are similarities in the clients of both systems, and there are likenesses in the structures of the two systems in the following areas: crisis, intervention, corrective action, re-entry, and community adjustment. The goal of treatment should be to analyze and evaluate the client; to determine his areas of greatest need; and then to ensure that the proper services or options are provided to help him deal with these needs. It is specifically in this capacity that the treatment program can interface with the criminal justice system.

ISSUES IN INTERFACE PROGRAM DEVELOPMENT

by

Martin J. Mayer

An Optional Reading to be
Read in Conjunction with
Module 4 or Module 10

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ISSUES IN PROGRAM DEVELOPMENT

EVOLUTION OF DIVERSION PROGRAMS

The criminal justice system has long been searching for methods to deal with the offender who, in addition to his criminal activity, is confronted with an additional social problem, such as mental illness, alcoholism, drug dependence, etc. Historically, society has placed the burden of resolving these problems on the shoulders of the court system by declaring related acts as illegal. It is only in recent years that there has been any widespread recognition that these problems are often medical rather than legal problems.

The health sector has only recently begun to recognize and identify alcoholism as a medical problem. The use of alcohol and its resulting effects is still a crime in many states where "public inebriation," without any other related activity, subjects one to arrest and incarceration. In many states, unusual behavior that does not conform to society's definition of "normal" can result in detention and incarceration in a secured "medical" facility even though the individual committed no offense against person or property. The possession, transfer, and use of "dangerous drugs" are also causes for arrest.

Depending on the time and space one occupies, one will be exposed to different regulations regarding drugs. At one point in time, not too many years ago, the use of marijuana was not only legal, but was socially acceptable. Today penalities vary depending on the jurisdiction. The offense ranges in severity from a felony, penalized by lengthy jail sentences in someplaces, to nothing more than a statutory fine or a "slap on the wrist" in others. The one drug still considered by many people to be "the most dangerous" is heroin, although ironically it was originally used to withdraw patients from the horrors of morphine addiction. Penalities for the use and possession of heroin have been, and still are, severe. However, there is growing recognition that severe penalities have not deterred persons from using the drug; nor have they had any substantial effect on reducing heroin-related criminal activity. Perhaps, just as important, such laws appear to have an adverse impact on the system.

In New York State, mandatory prison sentences have been in effect regarding drug violations under the Rockefeller Drug Law. As part of the response to the new laws the number of courtrooms was doubled and additional prosecutors and defense attorneys were added to staffs. Still the backlog in felony drug cases has increased, the prison population has increased, and the number of felony trials has increased. The known population of drug addicts, however, has not decreased. Careful studies of the rehabilitative effect of prisons and the deterrent effect of harsh sentences indicate that no measurable slowing in the flow of drugs nor diminishing in the level of serious crime can be attributed to these methods.

In the past ten years there have been efforts to provide alternatives to prison for the offender whose involvement in the criminal justice system appears to have its basis in social/medical problems such as drugs, alcohol, mental illness, etc. The concept of diverting such offenders from the criminal justice system to other agencies in order to deal with the problems they present has gained popularity among professionals in the corrections field. It is generally accepted that incarceration alone can do little or nothing to alleviate these kinds of problems. On the other hand, there is some evidence that treatment-oriented agencies may have some beneficial effect. If nothing else, there has been recognition that the criminal justice system cannot continue to be the sole repository of society's troubled persons, that the courts and corrections system must be available to perform the tasks they are equipped to perform.

Historically, many types of informal diversion have been available to the rich or to certifiably mentally incompetent offenders over the years. Typically are the upper-middle class youths whose attorney convinces the judge that if the young person sees a psychiatrist (or goes away to military school, or moves to live with an aunt and uncle, etc.) the drug problem can be dealt with more effectively than it would be in a detention or incarceration program.

Formal diversion programs were originally employed to aid "first offenders," those passing through the system for the first time. The main efforts were directed toward manpower or job training programs, the concept

being that one who stole because of poverty would not continue doing so if he were able to secure a job. Restrictions on these early, manpower-oriented, formal diversion programs were extreme. Only first offenders were allowed. No drug abusers, no persons accused of committing crimes of violence and, in many cases, no women were permitted to enter the programs.

Several years later the use of diversion was expanded to include those who were specifically excluded from the earlier manpower programs. A wide range of diversion programs for drug offenders is now accepted and endorsed by local units of government. The federal government presently acting through the Law Enforcement Assistance Administration (LEAA) in the formation of Treatment Alternatives to Street Crime (TASC) programs has been instrumental in creating and supporting model programs. The development and the implementation of TASC and local programs vary greatly due to an amazing range of factors that affect the type and effectiveness of diversion programs.

ESTABLISHING A DIVERSION PROGRAM

Many factors, both political and practical, must be considered before the decision is finally reached to formalize and implement a diversion program. In many areas, there is still much public resistance to the concept of referring a drug addict to a treatment program rather than sending him to jail. There continues to be great scepticism as to whether or not drug treatment works. Many prosecutors, judges, and city officials are reluctant to endorse these programs because they and the public doubt the efficacy of treatment.

Arguments are put forward that one can be *certain* that a drug abusing offender will commit no further crimes while in jail, even if for only a short period of time (e.g., ninety days or six months). There is no such guarantee, so the argument goes, if the person is referred to a treatment program. This type of approach, publicly articulated by opponents of diversion, can devastate preliminary work toward the establishment of a program. It is vitally important that all elements of the criminal justice system be supportive if a diversion program is to be successfully planned and implemented until the diversion program has a chance to prove itself.

Key factors in the development of diversion programs include:

- *Credibility* is essential in all stages of program development. Because of the scepticism about the effectiveness of diversion programs, it is necessary for these programs to constantly prove themselves and to demonstrate their credibility. Complete honesty helps to deprive the critics of one possible source of very damaging ammunition. If nothing else, it will compel all to acknowledge the fact that the program is reliable and dependable.

  The credibility factor cannot be over-emphasized. It is present in all areas and must be constantly considered. For example: during initial start-up phases, is the program promising to accomplish more than it can? Are the screening interviews and the resulting recommendations clearly objective? Can they be justified and supported? Are referrals to programs based on uniform criteria? Are referrals made to appropriate programs rather than to favored ones? Are persons who leave treatment (i.e., "splits") reported promptly to the agreed-upon authorities in *every* instance?

  A little bias in making recommendations, or a faint hint of favoritism in assigning clients to treatment programs, or a "heavy" felony committed by an unreported "splitee," -- any one of these can be the cause of a storm of public criticism. And woe betide the program in which other weaknesses are disclosed. Like Caesar's wife, the diversion program must be above reproach!

  Each segment of the criminal justice system makes different demands regarding credibility. The courts want assurance that program staff and the client will appear when needed and that the reports will be concise and accurate. Defense attorneys need to be assured that information secured from their clients will be held in confidence. They also need to know that no unexpected

action will be taken without their being notified in advance. Prosecutors will rely on the objectivity of the recommendations and will demand assurance that any agreements reached regarding eligibility standards will be followed. In all cases, the criminal justice personnel will need to be assured that the involvement of the diversion program will not slow down the system or adversely affect the processing of the cases.

- *Geographic location*

  The jurisdiction in which the proposed diversion program will operate obviously affects the type of program that can or should be developed. Projects located in urban areas will differ significantly from those in rural or suburban areas. Basic differences include the size, number, and dispersion of the courts; the patterns of flow of offenders from lockups, to jails, and to courtroom "bull pens"; the numbers and types of potential clients; and the availability of treatment resources. There are substantial differences within each of these areas from city to city and state to state.

  The existence of a centralized court system or a new, roomy jail may be a factor in determining where the diversion program is located. A badly fragmented system of tiny lockups and jails in every city and town of metropolitan areas with many suburban jurisdictions may dictate that the diversion program operate in or near the court "bull pen," and that it see offenders in rapid succession prior to their arraignment hearings. The size of staff will help to determine whether or not all criminal justice facilities can be served by the diversion program personnel.

It is also quite common to discover that treatment resources are severely limited and that, although all parties may favor the use of diversion as an alternative to jail, the basic problem will be to locate and have available a broad spectrum of program types for referral. Without an adequate range of treatment alternatives, there is little reason for an elaborate diversion program.

- *Availability and quality of treatment programs*

While there is currently available an enormous variety of programs for the treatment of drug abusers, there are three predominant types of programs that are employed: the drug-free residential community, the drug-free outpatient program, and programs utilizing chemotherapy, primarily methadone maintenance. In many instances, courts will refer a lean toward client to one type of program rather than another because of the court's personal preference. Consider, for example, the individual who is referred to a residential treatment program, subsequently absconds, and gets into trouble again. The court, as well as the prosecutor, is in a position to contend that it did not release the individual "to the streets," but rather released him to a "live-in" program. Therefore, the responsibility is upon the program and not on the court.

A frequent newspaper headline tells of the large number of "offenders" who are "on the street 24 hours after arrest" for a serious crime. In a situation such as this, any program with four walls, offering a live-in arrangement and prompt notice of "splits," will be preferred to an outpatient program.

Actually, the courts, as well as the prosecutors, must recognize that individuals referred to residential programs are not in custody. These programs are not secured facilities and the resident can walk out at any time without any restraints placed upon him. When a client *does* leave such a residential program, the diversion staff and the court will be promptly notified that the client has left treatment. However, it should be clearly understood by all concerned that there is nothing to compel the individual to remain in treatment other than his own desire and the encouragement of others around him who have overcome the urge to flee.

Ambulatory drug-free programs are usually recommended for the individual who is not very heavily involved in drug addiction and has the support of family or friends and ties with the community. Courts will usually allow such an individual to be referred to an outpatient program. This is especially true of the client who is currently attending school or is employed at the time of his or her arrest.

Probably the most controversial form of drug treatment at this time is that of methadone maintenence. Many citizens have strong negative fellings regarding the use of methadone. They believe it is nothing more than a scheme permitting the substitution of one drug for another.

In its strongest form, this criticism avers that the ghetto addict trades in his slavery to the pusher for a new form of slavery to the methadone program. Because neither program offers freedom and growth to responsible personhood, the argument claims, both are equally vicious crimes against dependent, addicted persons.

Other factors must also be taken into consideration when recommending the use of methadone. The most important at this point is the continued appearence of methadone on the illicit street market. This problem, which has been present since the inception of the use of methadone, is one that is difficult to control. Nevertheless, studies have shown that in many cases the proper use of methadone can be an appropriate and successful method of treatment for individuals whose heroin addiction is extremely severe and who have tried other methods of treatment unsuccessfully.

From the perspective of the diversion program, the drug-free residential therapeutic community is the "cleanest" modality. The individual lives at the treatment program; if in fact the client does leave treatment, it is possible to ascertain that fact almost immediately. On the other hand, if the individual is returned to a drug-free ambulatory or to a methadone maintenence program in the community, the monitoring of that individual's progress (and behavior) is much more difficult and requires much more intensive follow-up on the part of the diversion program. It is of utmost importance that these individuals be kept track of on a constant basis to ensure continued appearance for treatment. This permits the diversion program to promptly notify the court if an individual fails to continue in treatment.

Setting Program Criteria

Logic dictates that before a diversion program begins making referrals to treatment facilities it should ascertain whether or not the court is biased either against or in favor of the use of a particular modality. For example, if the court has an absolute rule against the use of methadone maintenance, the diversion program must determine whether or not they can accept this restriction. If they accept it, they are allowing the court to dictate health policy determinations. It is seen in many cases, even where the court or prosecutor has no *pro forma* limitations, that often times the judge or prosecutor will attempt to participate in the selection of treatment based upon his own belief as to what is appropriate. Once again, the burden is placed upon the diversion program to determine early on whether they are going to recommend what is professionally ascertained as most appropriate, or whether they are going to comply with the wishes of the judge or the prosecutor in order to enable the program to continue in existence.

If the program is to function effectively and honestly, it is necessary, *at the beginning*, to inform all concerned parties that diversion program recommendations will be based upon professional analysis of the individual and his needs, and the availability of a treatment modality to fit those needs, and that they can not be based upon the opinions of the court, the prosecutor, the defense attorney, or the probation officer.

The court, however, retains full discretion. It can accept or reject the recommendation. Rejection means that the offender receives something *other than* treatment. But this could be release, probation, or sentence to an institution with psychological or drug treatment capabilities, and the like. Of course, if the diversion program finds that its recommendations are repeatedly ignored, it will have to determine whether it is still a viable service. These matters should be discussed and decisions about them reached at the outset of the program and not halfway into its operation.

These types of concerns are closely related to another problem: how to determine which agency within the governmental organization has jurisdiction over the

particular diversion program. Another key question is, "Who runs it?" Diversion programs have been operated successfully by free-standing, non-profit agencies entirely outside the government. They can be operated by health departments, jail staff, or court employees. The placement of a drug diversion program within the appropriate bureaucratic agency can perhaps be one of the most significant decisions to be reached. Depending on where one looks around the country, one can see diversion programs housed in a prosecutor's office, operated out of a mental health department, performing as a part of probation, situated within a bail agency, or being conducted by a drug agency.

It would seem that placement of a drug diversion program within any of the agencies is relatively simple. But it is analogous to the son working for the father; there are basic limitations and built-in restrictions imposed by the parent agency in each of these types of situations. For example, if the diversion program is operated by the court, then the impact and the weight of the presiding judge over the direction of that program are extreme. On the other hand, if the program functions as an independent agency, it can be much more objective and honest when taking and supporting a position; it can also walk away from the system if a compromise cannot be reached. Placing the diversion program within a mental health department or a drug agency subjects it to the biases of the host agency but also affords that program the privilege of contending that it is *not* part of the criminal justice system. When it does not owe an allegiance to the prosecutor or to the judge, or, for that matter, to the defense attorney or the client, it can be seen by all as a neutral *resource* to make professional recommendations and help place individuals in appropriate treatment programs. These recommendations can then be based upon appropriate and published criteria rather then upon the needs or demands of the personnel in the criminal justice system itself.

Still another benefit of placing the program outside the criminal justice system is evidenced when there is a difference of opinion within the system: the head of that "outside" agency can act as a negotiator with the presiding judge, the district attorney, or the public defender. Once again, it provides the opportunity for a somewhat independent and autonomous diversion program.

Interagency support is a critical factor. It is obviously of paramount importance that the key elements within the criminal justice system -- the court, the prosecutor, the public defender, and in many cases the corrections department -- be supportive in the development and establishment of the diversion program. (At the very least, none of these agencies ought to be *hostile* because, without their cooperation, an effective program cannot be established.) It is a prime responsibility of the diversion program to develop this interagency support at the outset of the program.

One method of doing this is to locate the most supportive person in the system--whether it's the presiding judge, the district attorney, or whoever--and use that person as a lead contact in developing other needed relationships. Using the head of the "home" agency to communicate with the head of the other departments is an effective way to relate to them and to establish the initial contact. The diversion program staff can then assume responsibility for "selling" the idea to the departmental staffs within the criminal justice system. Access is more easily gained if it can be done through the good offices of one particular key government official.

All of the above-mentioned issues need to be considered and dealt with prior to intake of the first client. It would be appropriate for the diversion program planner to internally work through approaches to these issues before meeting with other criminal justice agencies and have his or her own general outline of what issues are firm and what issues can be compromised.

DIVERSION PROGRAM OPERATIONAL ISSUES

This section deals with a series of issues that seem to be the most prevalent in the drug diversion programs now in operation and those that are currently beginning to operate.

Several key issues have developed over the past few years regarding drug diversion programs. These involve offender eligibility requirements, conditions established regarding admission into drug diversion programs, and restrictions regarding the type of referral modality to be used.

Still other issues are the roles to be played by the diversion program: Is it an advocate? Does it represent the addict, the court, the treatment program; Or does it, in fact, "represent" anyone? What types of drug abusing persons are considered appropriate for diversion; a heroin addict, an alcoholic, or an individual who is only lightly involved with selling mild drugs such as marijuana? It is incumbent upon the drug diversion program to establish eligibility requirements and not find itself sending employed, married, marijuana dealers into T.C.'s or methadone maintenance as alternatives to prison. In many programs it is required that drug diverted individuals be first offenders, that they not be charged with crimes of violence, that guilty pleas be entered prior to admission into treatment, and that they not have extensive criminal records. If many of the offenders being seen are street heroin addicts, or longtime poly-drug or alcohol users, most of these eligibility requirements are unrealistic, if not simply "unfair" The role of the drug diversion program is to advise the court, the prosecutor, the defendant, and the defense attorney whether the person has a significant drug problem, whether he can benefit from treatment, which treatment modality is best for the individual, and whether, in fact, he or she is interested in receiving treatment.

Briefly, some key questions for the drug abuse treatment worker to consider are:

- Is there a significant alcohol/drug-use problem?
- Can this person benefit from treatment?
- What treatment modality would work best? Why?*
- Is a treatment program of this type willing and able to take this offender?
- Is the person interested in, and committed to, receiving treatment?

It would seem inappropriate for a drug diversion program to be allowed to operate only after individuals have pleaded or been proven guilty. Whether or not an individual is guilty of the charges is completely irrelevant to a consideration of whether or not the individual has a drug problem. The question of guilt or

*Be prepared to answer: what is it about this person (as differentiated from other offenders) that makes him a good candidate for the recommended treatment (as opposed to other treatment)?

innocence should be decided, if it is going to be decided, through the normal process of the criminal justice system. It does not seem appropriate to require the program to reach a decision to suggest treatment based on the client's guilt or innocence. If, in fact, diversion programs are going to function within the court system, they should function independently of the individual's guilt or innocence. The question of recommending or not recommending the individual for treatment should be based upon other factors. There is nothing to preclude the court from proceeding with the questions of guilt or innocence; but to tie a recommendation for treatment to, and make it a part of, a guilty plea appears to be totally inappropriate.

In many cases, a person goes through the criminal justice system on several occasions before he or she is "ready" for treatment. To mandate that only those who are first offenders may receive treatment seems to ignore this fact. Nor does it seem to deal with those who most need treatment, i.e., the "hardcore" addict who, simply through aging, gaining experience, and perhaps through fear of dying, finally develops increased resolve to try.

The diversion program should be free to refer an individual to the type of treatment program appropriate for *that individual's case*.

The question of "advocacy" has also surfaced recently and seems to be a related issue. The drug diversion program is not an advocate for the defendant but rather an advocate for treatment. Although the staff member representing the diversion program should present a positive report to the court when possible, it is the defendant's attorney who is his advocate. If it is necessary to debate the issue of the person's referral to treatment, the burden is on the attorney to argue that point. It is the diversion program's role to be available to provide background information, a recommendation, and a justification for that recommendation. The program may not act as advocate, one way or another, on behalf of the defendant.

The mere fact that the diversion program is recommending that the individual be referred for treatment is *in itself* often seen as an advocacy position; however, in terms of debating the issue before the court, that is the province of

the defense attorney. Once again, issues set forth above should be dealt with prior to the establishment of the diversion program. The issues may be dealt with differently, depending on which element of the criminal justice system one is dealing with. However, in each case, they should be worked out at the beginning so that, once the program starts, there is a firm understanding of and commitment to the procedure.

Two other issues that should be discussed and decided prior to the implementation of a program are whether the diversion program is going to operate on a pre-trial or post-trial basis, and where the individual defendants are going to be interviewed. Relating to the first issue, there are a variety of definitions for the term diversion; however, it would seem that, if one takes an individual out of the normal process of the criminal justice system, *at whatever point in time*, that individual *has* been diverted from the system. In order to have the greatest impact upon the individual drug user or addict, there should be no restrictions regarding pre-trial or post-trial intervention. Depending upon the individual facts and circumstances of the case, it may be appropriate to divert somebody on a pre-trial basis, or during any stage of the criminal justice system, up to and including sentence. Even after sentencing, the corrections unit may make a series of decisions regarding institutional treatment, various forms of treatment-related release, work release, weekend parole, and the like.

If an individual has not been successfully diverted from the system and, in fact, is sentenced to prison or to a local jail, there are several options available to the diversion program. One is to encourage the development within the institution itself of different types of drug programs; in this way an addict offender who is not diverted can still receive treatment, if he or she so chooses, while serving the sentence. It is also possible for the diversion program to be available during the parole period so that the defendant can be referred to a treatment program on the outside. Thus, when an individual is about to be paroled, the diversion program would be aware of the fact and make itself available to place that individual in an appropriate non-institutional program.

A second important issue concerns interview sites. There are a number of places where the first contact can be made: at the police station prior to the arraignment, at the arraignment, or immediately after the arraignment. This requires a good working relationship with the corrections facility. If, in fact, the department of corrections does not make facilities available for interviewing, it delegates the interview primarily to the court "bull pen," since it is very unlikely that an addict will be released from jail for the purpose of being interviewed.

It is very difficult to conduct an in-depth interview of the drug abuser in the courtroom or in the "bull pen," A good working relationship with the corrections department will enable the staff to conduct the interviews within the correction facilities. This enables staff to visit the defendant as frequently and for as much time as is necessary. In this way, staff can avoid having to make forced on-the-spot decisions.

The staff, however, should be adequately trained to conduct that kind of quick interview *when necessary;* as a general format, though, the interview should be conducted in private where the defendant can feel free and safe to discuss all aspects of his or her past involvements with drugs and the criminal justice system.

If one is developing a program in a large metropolitan area with a large volume of defendants, it may be necessary to use certain types of preliminary interviewing mechanisms to ascertain at the very beginning whether or not the defendant is interested in going through a lengthy diagnostic interview. These situations can be adapted depending on facts and circumstances in the jurisdiction, but in each case it is extremely important to develop a working relationship with the corrections facilities to allow access to the defendants.

FUNDING

Several different sources of funding are available for the development of drug diversion programs. The most frequently used resource is that of the Law Enforcement Assistance Administration (LEAA). Whether or not LEAA is the funding source, it is incumbent upon the diversion program and the city involved to determine *at the beginning* whether future institutionalization

(i.e., incorporation of the program as part of the ongoing service in the community) is realistic. If federal grant funds are used to implement the program, they have a specified lifetime. Local funds must be available after the federal grant runs out if the program is going to be continued (i.e., institutionalized). It would therefore be appropriate at the outset to ascertain from the governmental agency involved whether or not there is a possibility of institutionalizing the diversion program after the expiration of federal or state funds.

If it has not been possible to get that kind of commitment from a local, municipal, or state government before the development of the program, it becomes an important factor to consider during the operation of the program. The director of the program and the other parties involved should be keenly aware of this need during the first year or two of operation, and should actively plan and initiate a campaign to investigate possible sources of funds and to negotiate with those sources throughout the life of the program.

TEST FORMS

A & B

TEST FORM A

1. Which one of the following is *not* a need outlined by Abraham Maslow in his hierarchy of human needs?

   a) Self-esteem

   b) Love

   c) Power

   d) Security

   e) Self-actualization

2. A way to deal (or fail to deal) with pain/crisis is --

   a) Neurotic stability.

   b) Acting out with drugs.

   c) Acting out with alcohol.

   d) Creative problem solving.

   e) All of the above.

3. An example of a low risk behavior might be --

   a) avoiding contact with your boss to escape work assignments.

   b) doing whatever makes you happy.

   c) taking drugs to be free and open with people you trust.

   d) working at a job to support yourself while completing your education.

   e) taking drugs to get away from the boredom of your work.

4. An offender will *usually* accept treatment because of --

   a) coercive motivation.

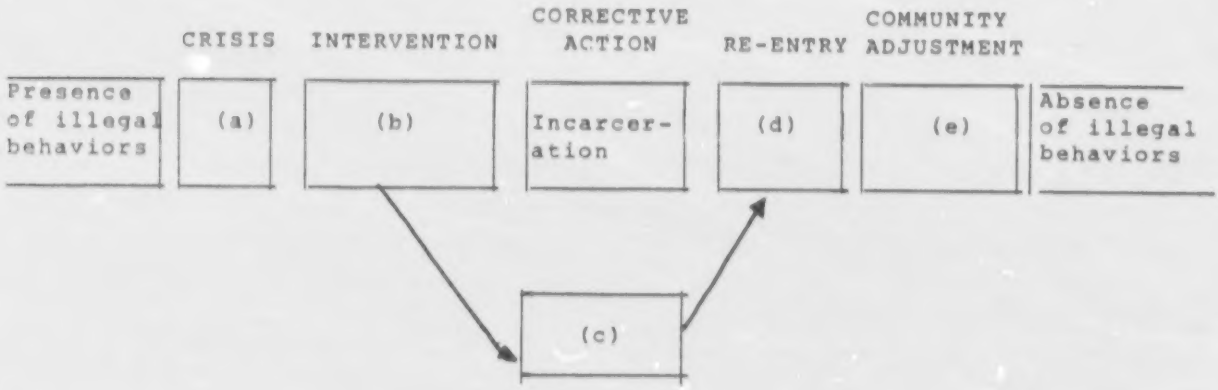
   b) his responsibility to his family.

   c) advice from close friends.

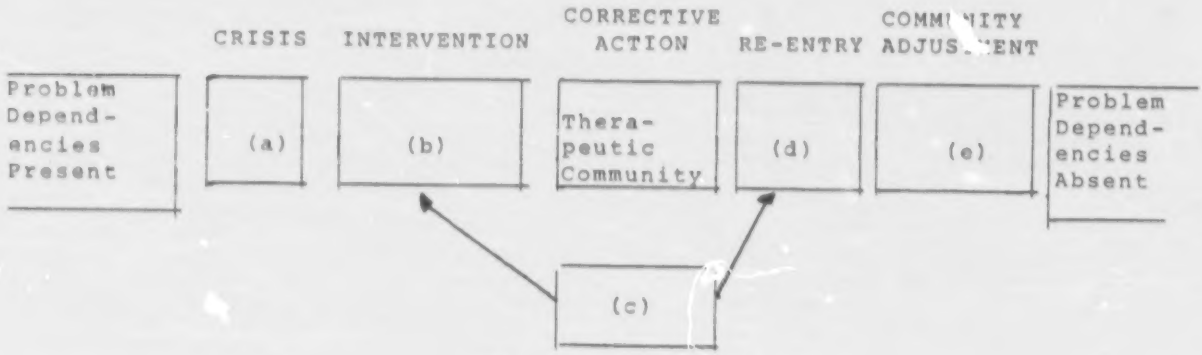
   d) the desire to change.

   e) an individual's inherent need for self-help.

5. In the criminal justice system flow design below, *booking* would take place at point --



6. In the drug treatment system flow diagram below, *socially and economically self-sustaining* would take place at point --



7. American attitudes about drug use and the growth of the Criminal Justice System can be related mainly to --

   a) the premise that peoples' rights should be respected.

   b) the system forming one half of what is now perceived to be a *balanced* approach to drug abuse.

   c) the scientific advances in the field of drug analysis.

   d) the premise that people are free and rational.

   e) the transition from a rural to an urban culture.

8. Coping skills are *essentially* designed to --

   a) relax the individual and gain inner peace.

   b) get you through the day.

   c) deal with the clients anti-social behavior.

   d) get needs satisfied.

   e) allow you to make decisions quicker.

9. Workers in the criminal justice and drug abuse treatment systems often use different words which refer to the same thing. Words that might be used by the criminal justice system and the drug abuse treatment system to describe *SERVICE* are:

   a) corrections - clinic

   b) time - applications

   c) year - years

   d) rehabilitation - treatment

   e) job orientation - therapy

10. Words that might be used by the criminal justice system and the drug abuse treatment system to describe *PRESENTING PROBLEMS* are:

    a) crime - treatment

    b) cause - patient

    c) offense - problem

    d) correction - therapy

    e) con - symptom

11. Of the following, which is a characteristic of a high risk individual?

    a) Responsibility for family

    b) Dependency behavior

    c) Doesn't believe in "miracle" solutions

    d) Judgmental skills

    e) Independence

12. The major common boundary of the drug abuse treatment system and the criminal justice system is --

    a) coping skills

    b) the client/offender

    c) the judicial system/the judge

    d) parole status

    e) the therapeutic community

13. Diversion, as a term used in interface, --

a) occurs when offenders can be diverted to community based treatment programs.

b) is a social event that serves to distract offenders from the correctional setting environment.

c) occurs when community based personnel and/or resources are brought into or utilized in an institutional correctional setting.

d) is a process of change in "normal" behavior patterns.

e) occurs when an offender's preoccupation with drugs is diverted to more successful coping skills.

14. Infusion of treatment services occurs when --

a) a parole board or officer places a parolee in a therapeutic community as a condition of parole.

b) the judge finds the offender guilty, and suspends his sentence.

c) a physician in the jail prescribes needed drugs during withdrawal.

d) the judge finds the offender guilty and exercises the maximum sentence.

e) a court appointed attorney tries a case.

15. An example of diversion to treatment services occurs when --

a) a judge asks for more background on the case.

b) an arresting officer overlooks a minor offense.

c) an attorney pleads at arraignment for psychiatric assignment.

d) an offender's work history is analyzed to establish work skills.

e) a corrections worker recommends a social event in the correctional setting.

16. In the relationship between the criminal justice system and the drug abuse treatment system --

a) there are no lines of communication available to both systems.

b) their orientations and goals are similar, yet their methods have little in common and they require little information from each other.

c) understanding can be accomplished without communication and trust.

d) sufficient communication and trust should be developed between the systems to understand why the systems can or cannot perform certain kinds of functions.

e) there is no need for communication because both systems have quite different functions.

17. In a screening interview, which areas would be most helpful to explore in assessing the clients' *readiness for treatment?*

a) Family compatibility, friends of the same sex, friends of the opposite sex

b) Job skills, career goals, level of self-actualization

c) Legal history, drug and treatment history, social history, motivation

d) Job skills, education, living situation, health, finances

e) Mood, control, thought processes, verbal skills

18. Major elements to be considered in the development of a drug rating scale for clients/offenders are --

a) their coping skills and needs

b) their peer relationships and family background

c) their capacity to change and their motivation to change

d) the type, frequency, and the strength of their use of drugs and the length of their involvement with drugs

e) their behavior patterns and drug preference.

19. Interviews in a correctional setting pose --

a) no constraints and facilitate most facets of a structured interview.

b) several system constraints such as lack of privacy and poor interview sites.

c) one major constraint, which is a lack of commitment on the part of the drug treatment system worker.

d) one major constraint, which is a lack of commitment on the part of the criminal justice system worker.

e) a few system constraints such as the inability to see clients when requested.

20. *Select an optimal treatment modality based on the presented client attributes.*

Client attributes:

- limited personal and social resources
- need to isolate client from negative environment

a) methadone

b) community activities

c) group encounter (heavy)

d) halfway or re-entry house

e) psychotherapy

21. One of the *primary* goals of traditional treatment assessment is to --

a) establish constant communication with the defense attorney.

b) establish a hierarchy of needs.

c) establish the treatability of the client/offender.

d) overcome inappropriate behavior patterns.

e) develop low-risk behaviors.

22. *Intra*personal skills --

a) enable a person to relate to or build a relationship with another person.

b) are those skills that are always viewed by others.

c) are related to the criminal justice system.

d) are skills such as speaking ability and dress.

e) are those skills that a person uses to communicate with self.

23. All of the following statements characterize a *successful* client-counselor contact <u>except</u> --

a) Confidentiality issues need to be explored and the limits set.

b) Mutual obligations are informally and voluntarily accepted.

c) Honesty between client/offender and worker are essential.

d) Explicit and clear communication is valued.

e) The contract must be strictly adhered to; there is no possibility of reviewing or modification.

24. An application of contracting in screening and treating clients usually involves --

a) reviewing strategies with the defense attorney.

b) explaining to the client the nature of interface.

c) appealing the sentence.

d) not cooperating with the criminal justice system.

e) explaining to the client the nature of his treatment program.

25. Federal confidentiality regulations govern the dissemination of information --

a) by the drug abuse treatment system.

b) by the criminal justice system.

c) that may pose a threat to government security.

d) by the criminal justice and drug treatment systems.

e) that might be biased against the client/offender.

26. Which five of the services listed below are re-entry services?

Services:

1. Dental care

2. Housing

3. Recreational activities

4. Vocational assistance

5. Further incarceration

Your answer:

a) 1, 3, 4

b) 2, 3, 4, 5

c) 3, 4, 5

d) 1, 2, 3, 4, 5

e) 1, 2, 3, 4

27. The criminal justice system can release prior arrest information to the drug abuse treatment system when --

a) the drug abuse treatment system requests the information.

b) the drug abuse treatment system has a valid reason for requesting the information.

c) the drug abuse client tells the criminal justice system to release the information.

d) the defense attorney requests that the information be released.

e) the drug abuse treatment program is a part of a criminal justice system or when the program has a user's agreement with the criminal justice system.

28. Treatment services --

a) are of similar quality and format.

b) even when available, often exhibit biases against addicts.

c) are thoroughly known and understood.

d) are available to all clients.

e) usually deal only with psychological addiction.

29. *"Treatment dealing with physical addiction is relatively _____, but treatment of psychological addiction and of the basic mental disorder underlying it is relatively _____."*

In the above passage, the most appropriate completion of the statement would be:

a) complex, possible

b) complex, impossible

c) simple, complex

d) simple, impossible

e) complex, simple

30. Which is *not* a significant problem associated with a therapeutic community within a correctional setting?

a) The behavior code calls for self-disclosure and confrontation, which is contrary to the prisoner's code.

b) Residents can "split."

c) Treatment is long-term.

d) The custodial staff often do not share the same goals as the program staff.

e) Inmates volunteer for wrong reasons.

31. It usually employs staff members who themselves are former addicts.

a) Therapeutic community

b) Specialized therapy program

c) Detoxification program

d) General therapy program

e) Methadone program

32. Its basic *components* are screening, placement, and medical services to relieve and prevent symptoms.

a) Methadone program

b) Therapeutic community

c) Specialized therapy program

d) Detoxification program

e) General therapy program

33. In developing a recommendation --

a) any personal biases of the interviewer should be explored.

b) the emotional state of the interviewer should be included.

c) the report should be factual and realistic.

d) emotional tension should not be mentioned.

e) all of the above.

34. A successful client-counselor contract involves all of the following behavioral elements *except* --

a) confidentiality issues need to be explored and the limits set.

b) informal and voluntary acceptance of mutual obligations.

c) honesty between client/offender and worker.

d) explicit and clear communication are valued.

e) strict adherence to the contract and no review or modification.

35. Federal confidentiality regulations apply to information about a client's --

a) mental status.

b) attendance status.

c) physical status.

d) family status.

e) All of the above.

ANSWER SHEET
(Test Form A and Test Form B)

Name or I.D. code #_____ Check one: pretest _____
Course _____ posttest _____
Date _____
Instructor _____ Check one: test form A ____
Location _____ test form B ____

Darken with a pen or pencil the letter that best answers the question.

1.	(a)	(b)	(c)	(d)	(e)	19.	(a)	(b)	(c)	(d)	(e)
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5.	(a)	(b)	(c)	(d)	(e)	23.	(a)	(b)	(c)	(d)	(e)
6.	(a)	(b)	(c)	(d)	(e)	24.	(a)	(b)	(c)	(d)	(e)
7.	(a)	(b)	(c)	(d)	(e)	25.	(a)	(b)	(c)	(d)	(e)
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12.	(a)	(b)	(c)	(d)	(e)	30.	(a)	(b)	(c)	(d)	(e)
13.	(a)	(b)	(c)	(d)	(e)	31.	(a)	(b)	(c)	(d)	(e)
14.	(a)	(b)	(c)	(d)	(e)	32.	(a)	(b)	(c)	(d)	(e)
15.	(a)	(b)	(c)	(d)	(e)	33.	(a)	(b)	(c)	(d)	(e)
16.	(a)	(b)	(c)	(d)	(e)	34.	(a)	(b)	(c)	(d)	(e)
17.	(a)	(b)	(c)	(d)	(e)	35.	(a)	(b)	(c)	(d)	(e)
18.	(a)	(b)	(c)	(d)	(e)						

TEST FORM B

1. Which one of the following is *not* a need outlined by Abraham Maslow in his hierarchy of human needs?

   a) Self-esteem

   b) Love

   c) Management

   d) Security

   e) Self-actualization

2. Neurotic stability is one approach used by the individual in dealing (or failing to deal) with:

   a) Love/Hate

   b) Drug use

   c) Psychosis

   d) Love

   e) Pain/Crisis

3. Low risk behavior patterns would be--

   a) coping skills that may be social or anti-social.

   b) anti-social acts performed by a person whose basic needs are being met.

   c) anti-social acts performed by a person whose basic needs are not being met.

   d) socially structured behaviors and skills.

   e) socially disapproved or illegal behaviors and skills.

4. The criminal justice system frequently utilizes _____ to make sure that an offender accepts treatment.

   a) coercive motivation

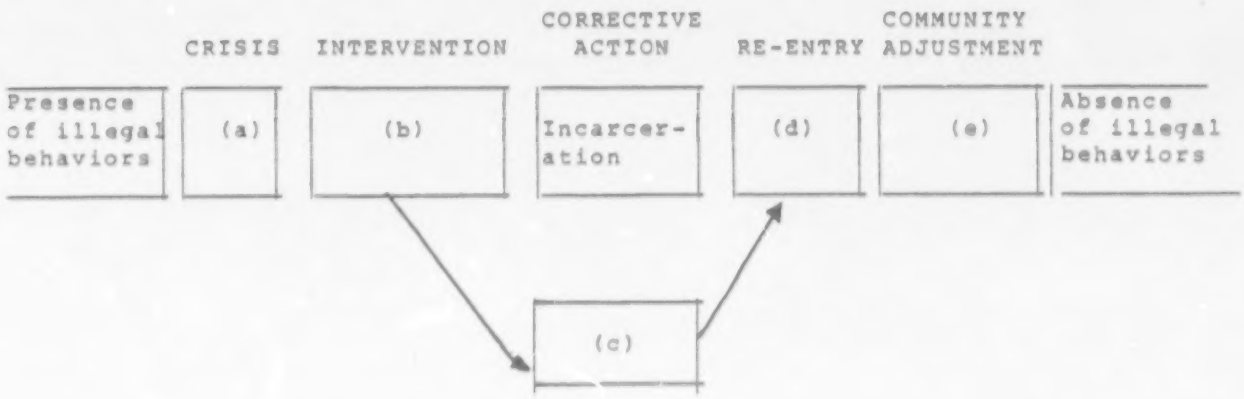
   b) case history analysis

   c) rational problem-solving techniques

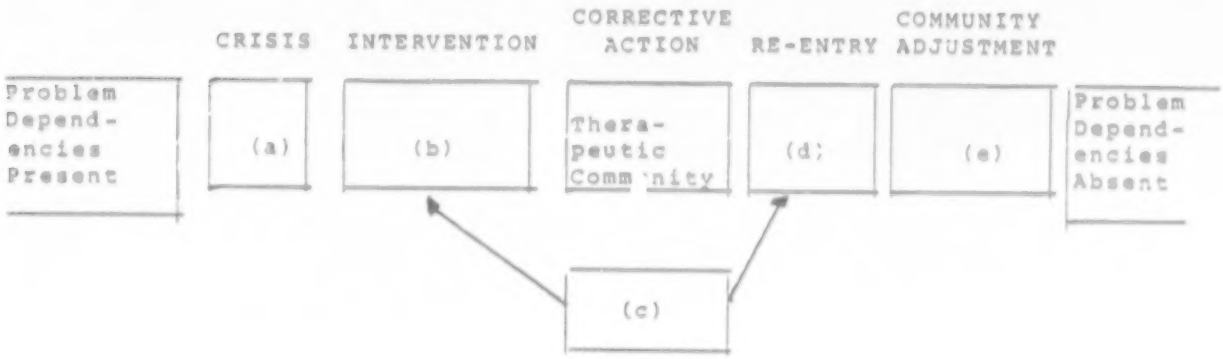
   d) self-correcting potential of man

   e) all of the above

5. In the criminal justice system flow diagram below, a *trial* would take place at point --



6. In the drug abuse treatment system flow diagram below, *severe health or life-style problems* would take place at point --



7. From 1930-1960 the U.S. was virtually without any drug abuse or alcohol treatment system. In the sixties

   a) "free clinics" were developed

   b) rapid growth often resulted in hodge-podge treatment programs

   c) funding was rapidly made available

   d) the problem mushroomed

   e) all of the above

8. Tom Rusk feels that people need to be loved --

   a) but should develop other human resources instead of depending solely on close relationships.

   b) by a blood relative, who loves them more than anyone else.

   c) by both parents for a successful social adjustment.

   d) by at least one person, other than a blood relative, who loves them more than anyone else.

   e) by a blood relative, who acknowledges their need for independence and freedom.

9. Workers in the criminal justice and drug abuse treatment systems use different words to refer to the same thing. Words that might be used by the two systems to describe *period of time* are --

   a) progress - course

   b) stay - dailies

   c) time - parole

   d) term - contract

   e) sentence - progress

10. Words that might be used by the two systems to describe *facility* are --

    a) correction - treatment

    b) offense - system

    c) jail - program

    d) slammer - interview

    e) judge - clinic

11. Of the following, which is a characteristic of a high-risk individual?

    a) Independence

    b) Low identification with and low responsibility for family

    c) High identification with viable role models

    d) Sytemic skills

    e) Judgmental skills

12. Interface should bring about --

    a) client's/offender's awareness of his role in society.

    b) dialogue between the systems.

    c) a separation of the systems.

    d) an interplay between processes and applications.

    e) an adequate social and economic level for the client/ offender.

13. Infusion, as a term used in interface,--

a) occurs when community based personnel and/or resources are brought into or utilized in an institutional correctional setting.

b) is the process by which a drug abuser is filled with positive resources.

c) is the slow introduction of the client/offender back into society without undue side effects.

d) is the incorporation of high-risk behaviors by the individual.

e) occurs when offenders can be diverted to community-based treatment programs.

14. An example of diversion to treatment services occurs when --

a) an inmate is assigned to a special therapeutic community cell block developed within a correctional institution

b) an inmate is assigned to a special drug counseling group within a correctional institution run by a psychologist from an outside agency.

c) a probation officer recommends a community-based treatment program to a judge at sentencing hearing.

d) the prosecuting attorney allows the offender to "cop a plea."

e) the inmate is assigned to a correctional setting and services are not made available.

15. Infusion of treatment services occurs when --

a) a client/offender is believed to be psychologically incapable of standing trial.

b) a client/offender is placed in a community treatment program.

c) a client/ offender in jail obtains individual or group therapy.

d) a client/offender is believed to be physi ally incapable of standing trial.

e) a client/offender is in a treatment program and undergoing intensive psychotherapy.

16. In the relationship between the criminal justice system and the drug abuse treatment system --

    a) the systems work jointly and smoothly utilizing a system of built-in checks and balances.

    b) the systems already have a high level of empathy and trust.

    c) there is no need for extensive communication because both systems have quite different functions.

    d) cooperation is difficult without a level of empathy existing between the systems.

    e) there are no lines of communication, empathy, and trust available to both systems.

17. In a screening interview, which areas would be most helpful to explore in assessing the client's *relationships?*

    a) Legal history, drug and treatment history, social history, motivation.

    b) Skills, career goals, level of self-actualization.

    c) Family compatibility, friends of the same sex, friends of the opposite sex.

    d) Job skills, education, living situation, health, finances.

    e) Mood, control, thought processes, verbal skills.

18. In developing a *Readiness for Drug Abuse Treatment* rating scale, major element(s) to be considered are --

    a) the client's/offender's adjustment to prison.

    b) the client's/offender's frequency of drug use and the length of his involvement.

    c) the client's/offender's closeness to family and his involvement with peer groups.

    d) the client's/offender's level of insight into his own behavior and his capacity to grow or change.

    e) the client's/offender's educational and vocational skills.

19. Interviews in a correctional setting pose --

a) few constraints and allow trust to develop between the client/offender and the worker.

b) several constraints such as client emotional distress and distrust.

c) several constraints, none of which affect the relationship between the client/offender and the worker.

d) few constraints and provide privacy for the client/offender and the worker.

e) no constraints and allow the worker to see the client/offender freely.

20. *Select an optimal treatment modality based on the presented client attributes.*

Client attibutes:

- open about the problem of drug use and other areas of his life as well
- able to examine himself critically

a) No treatment recommended

b) Structured therapeutic day care

c) Methadone to abstinence outpatient program

d) Short-term psychotherapy

e) Methadone-based residential program

21. One of the *primary* goals of traditional treatment assessment is to --

a) develop an effective defense plan.

b) establish the choice of vocational goals.

c) establish the choice of treatment modality.

d) establish coping mechanisms.

e) establish the choice of correctional setting.

22. *Interpersonal skills* --

a) are those skills that a person uses to communicate with self in discovering himself.

b) involve viewing others secretively at designated times.

c) relate to the individual's needs separate from other people's needs.

d) involve only play activities in which communication is important.

e) enable a person to relate to or build a relationship with another person.

23. When coping skills break down --

a) the individual might feel lost.

b) pain (or avoidance of pain) is produced.

c) intense pain may produce a crisis.

d) problem-solving skills are impaired.

e) all of the above.

24. An application of contracting for the drug abuse treatment system usually involves --

a) implicit and generalized communications.

b) methadone treatment.

c) an analysis of coping skills.

d) gaining outside employment.

e) explaining to the client the consequences of cooperating or not cooperating.

25. Federal privacy and security regulations govern the dissemination of information --

a) by the criminal justice system.

b) by the drug abuse treatment system.

c) regarding physical standards of correctional institutions.

d) that might pose a threat to government security.

e) by the criminal justice and drug abuse treatment systems.

26. Which of the five services listed below are re-entry services?

a) financial services

b) recreational activities

c) transportation

d) family services

e) all of the above

27. Certain types of information about a client's performance in a drug abuse treatment program --

a) is a matter of public record and available to the criminal justice system.

b) can never be released.

c) may be obtained with the written consent of the drug abuse worker.

d) may be obtained by verbal consent of the client.

e) none of the above.

28. During treatment contracting with the client --

a) the consequences of contracting need not be explained.

b) confidentiality issues need to be explored.

c) the consequences of not liviving up to a contract are left open.

d) a verbal agreement is sufficient.

e) all of the above.

29. A major advantage of a therapeutic community is that it --

a) requires moderate levels of commitment.

b) is a short-term treatment method.

c) provides a potential low-risk, high-gain situation.

d) provides efficient and easy re-entry.

e) requires lower levels of commitment.

30. Which process is *not* found within a therapeutic community?

a) Encounter or confrontation therapy

b) Short-term treatment

c) Structured living environment

d) Rigid codes of behavior

e) Testing of client's motivation prior to entry

31. The duration of action of which of the following is 24-48 hours?

a) Methadone

b) General therapy

c) Detoxification

d) Specialized therapy

e) Therapeutic community

32. Identify the modality that is oriented toward the drug abuser and usually involves family, marriage, and vocational counseling.

a) Methadone

b) Therapeutic community

c) Detoxification

d) Specialized therapy

e) General therapy

33. A successful client-counselor contract involves all of the following behavioral elements *except* --

a) mutual trust between client/offender and worker.

b) consequences of not living up to contract is clearly outlined.

c) formal and involuntary acceptance of mutual obligations.

d) built-in review and modification.

e) contract must not be obtained by deception and misrepresentation.

34. An application of contracting for the drug treatment system usually involves --

a) implicit and generalized communications.

b) methadone treatment.

c) an analysis of coping skills

d) gaining outside employment.

e) explaining to the client the consequences of cooperating or not cooperating.

35. Contact between the drug worker and the client/offender can take place --

a) at arraignment.

b) subsequent to arraignment.

c) at the police station prior to arraignment.

d) on the spot.

e) all of the above.

ANSWER SHEET
(Test Form A and Test Form B)

Name or I.D. code #_____
Course _____
Date _____
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Location _____

Check one: pretest _____
posttest _____

Check one: test form A ____
test form B ____

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